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ABSTRACT

The six chapters of this book explore various issues concerning the annual migration of older Canadians to Florida. The study is based on a survey, of 4,500 subscribers to "Canada News" in Florida, that received 2,731 responses. Among the issues examined are the following: (1) where older Canadians are living in Florida; (2) the demographics of this population by area of settlement; (3) the migration patterns of this population; (4) housing arrangements; (5) how illness and other crises affect seasonal migration; (6) how Canadians who spend their lives in two different political systems use the two health care systems; (7) what social services are used by older Canadian seasonal migrants to Florida; and (8) how formal and informal social support systems are developed and modified to accommodate the needs specific to seasonal migrants. The chapters and writers are as follows: "Research Methodology" (Tucker, Mullins, Longino, Marshall); "Descriptive Overview of Older Anglophone Canadians in Florida" (Tucker, Marshall); "On the Nesting of Snowbirds: Canadian-Born Residents of the United States" (Longino); "Health Care Utilization of Canadian Snowbirds: An Example of Strategic Planning" (Marshall, Longino); "Health Concerns as a Deterrent to Seasonal Migration of Elderly Canadians" (Daciuk, Marshall); "An Examination of Loneliness among Elderly Canadian Seasonal Migrants in Florida" (Mullins); and "Remarks" (Wigdor). A list of 92 references is followed by the questionnaire on health care issues for older Canadians in Florida and a paper titled "Solicitation of Letters to Supplement Mailed Survey Data" (Marshall, Tucker, Mullins, Longino). (KC)

SNOWBIRDS IN THE SUN BELT: Older Canadians in Florida

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at the UNIVERSITY OF SOUTH FLORIDA
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SNOWBIRDS IN THE SUN BELT: OLDER CANADIANS IN FLORIDA

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FOREWORD

Harold L. Sheppard*

The Sun Belt of the United States undergoes a perennial process of waxing and waning in people density, multiplying in the cold, Northern winter months, shrinking in the hot Southern ones. Most U.S. citizens are aware of their own temporary migrations and those of their relatives and fellow citizens. But an extreme version of this process consists of elderly Canadians leaving, for example, Ontario and Quebec on a long-term temporary basis to reside in southern U.S. states -- especially Florida. This publication, concentrating on English- speaking Canadians, is a major contribution to a closer and systematic understanding of the experiences of this special social type. The International Exchange Center on Gerontology is proud of its suggesting, and making possible, this significant project, together with the Canadian Embassy in Washington, and the University of Toronto's Center on Aging.

While the social-class composition of the IECG sample appears to be skewed toward higher educated middle and upper middle class persons, it should not be surprising since seasonal visitors to the Florida regions covered by the survey tend to be so. Obviously, voluntary and temporary but long-term visitors to winter-resort areas are not replications of their compatriots who stay at home in Canada.

This survey captures a dimension that needs special attention. It is amazing to find that about three-fourths of the sample interviewed report that they own homes in Florida. One wonders how many of these elderly seasonal Floridian/Canadians would become, or seriously consider becoming, permanent residents (and citizens) of the U.S. if the American health care system were the equivalent (in terms of extent and quality of benefits and user-costs) to that of Canada. Nearly two-thirds of the respondents limited their annual stays outside of Canada in order to keep their eligibility for Canadian provincial health care insurance.

Warmth-in-winter is only a general motive for elderly Canadians' long-term temporary residence in Florida. More specific is the better-health motive, spontaneously reported by many of them. But clearly, as should

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be expected, the Canadians reached by the researchers are in many ways a special group, capable for the most part of living "independent" lives, an independence further enhanced by the presence of a spouse, "the most common provider of any needed help." Only 8 percent live alone while in Florida.

On a more critical (and perhaps controversial) topic, elderly Canadians in Florida are not a "burden" on local Floridian agencies, public or private. This hard fact is in marked contrast to the anecdotal type of "evidence" or stereotype occasionally manifested by some local individuals in Florida. In reality, the "service utilization" level is extremely low, according to the authors of this report.

The elderly Canadians who migrate on a long-term basis to Florida can be viewed as constituting a special social type epitomizing the nature of retirement in contemporary "modern" society. They represent an emergent subgroup of the elderly that stands in dramatic contrast to what might be designated as the "classic" model or social type. That conventional model conjures up the dominating image of frailty, immobility (in particular, geographical immobility); poverty or near-poverty; and over-dependence on others.

While it is probably true that most elderly persons (in Canada, as well as in the United States) do not move -- especially long distances for long periods -- and are anxious to remain here in place and in close proximity to friends and relatives, we are now beginning to witness a new development, a relatively unprecedented phenomenon, namely, large numbers of retired men and women willing and able to relocate -- on a permanent basis as well as on a long-term temporary basis in far-away places. Canadians are only one example of this new life-style pattern. We know that many U.S. retirees do so, on either basis. There are even reports about organizations of retirees in Japan -- the land of the "honorable elders" -- scouting around the world, including Florida, to find appropriate sites for large-scale retirement communities.

Wealth alone is not a satisfactory explanation for this phenomenon. A radical departure from a traditional mind-set is another condition or factor. To repeat, elderly Canadians in Florida are only one example. Their experiences as reported here provide us with a prototype of what might be a substantial element in the range of future scenarios that characterize societies as a whole.

Finally, it must be said that if we do have in such societies a leisure class, this social type -- of emancipated, geographically mobile retirees in

relatively good health and with a modicum of more than adequate income -- certainly fits that description. At least, they are a substantial stratum of a leisure class. My own research on the topic of income adequacy among U.S. retirees suggests that as many as two-fifths of them are members of such a leisure class.[1]

The co-researchers for this project, from Canada as well as from Florida, have jointly participated in an authentic bi-national collaborative effort which I hope is only the beginning of an ongoing effort aimed at Canadian-U.S. cooperation in learning and disseminating useful knowledge concerning the aging and the retirement experiences. My thanks to all of them, and to Dr. Blossom Wigdor, Director of the University of Toronto's Center on Aging.

[1] But this finding should not blind us to the further one that more than one-third of the retirees are "hard-strapped" and find it difficult to make ends meet. See Harold L. Sheppard and Richard E. Mantovani, *Hard-Strapped and Well-Off Retirees: A Study in Perceived Income Adequacy*. 1982. Washington. National Council on the Aging.

INTRODUCTION

Richard D. Tucker*

Each fall, as the arctic air descends deeper into Canada many species of Canadian waterfowl start their southern migration. Many of them journey to Florida. Ornithologists have gathered precise data on the number of species, their specific areas of settlement in Florida, length of stay in various locations, changes in migration patterns over time, and the ecosystems that support them. These data are used to support various federal and state regulations designed to protect these seasonal residents.

Regrettably, no comparable data base has been assembled on a different type of seasonal migrant from Canada to Florida, the species homo sapiens, popularly known as the "snowbird". An estimated 1.5-2 million Canadians visit Florida each year for varying lengths of time (Statistics Canada, 1984). Of these, from 15-25 percent are estimated to be over age 65 (Florida Department of Commerce, 1982). While these estimates are rough, the average length of stay in Florida is so much greater for older people than for the young that the term "seasonal residents" is more appropriate than "visitors". The seasonal migration of large numbers of older Canadians to Florida is commonly acknowledged both in Canada and in Florida, but this recognition has not yet been reflected in the development of systematic data bases useful for social scientists and social policy planners as they consider the impact of this phenomenon.

Since 1980, five studies have reported on seasonal migration of the elderly. Four have included Canadians in the study population, while seasonal migration to Florida has been the subject of two of the studies. Only one has reported on elderly Canadian seasonal migrants to Florida. All but one of the studies have been based on small-scale surveys and typically provide information relating to a sample of the seasonal migrants residing in particular communities.

Rush (1980) obtained questionnaires from 2,682 visitors to all recreational vehicle parks in two Texas counties. This informal survey reported socio-demographic, health characteristics and assessed the economic

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value of these visitors to the Rio Grande Valley area of Texas. He reported that 5 percent of his respondents were from Canada. Sullivan and Stevens (1982) surveyed female residents of trailer parks and mobile home parks in one area of Arizona near Phoenix. The extensive questionnaire assessed a variety of socio-demographic, health conditions and life-style characteristics. Of the 223 respondents, 14 percent were from Canada.

Martin, Hooppe, Larsen and Leon (1987) surveyed 259 residents of seven trailer parks in the upper Rio Grande Valley area of Texas. They assessed the health status of these "Texas Snowbirds" along with information on friendship ties, history of prior visits and reasons for the visits. Of their respondents, 2 percent were identified as Canadians. In a large scale demographic study of "non-permanent residents" in Florida and Arizona, Hogan (1987) analyzed data from the 1980 U.S.Census. While the median age of the 252,554 seasonal residents recorded in Florida was listed as "65+", these data were restricted only to U.S. residents in the other 49 states and the District of Columbia.

Only one study has been published concerning Canadians residing in Florida. Wolfgang Weissleder (1986), an anthropologist from the University of Toronto, focused on a group of older Canadians totalling 240 people, who wintered in the northwestern Panhandle area of Florida. Weissleder characterized his population, not as migrants, but as those who established a:

> more or less permanent population relocation which required significant adaptation to fundamentally new environmental situations not under the migrant's control ... (but as)...transhumanants ... a term of good standing in anthropology, where the migration pattern of a population is cyclical and seasonal, and where the adaptation to each range is fully foreseen, customary and voluntary in nature, producing no uninvited stress. (p. 91)

He reports that only two of the 240 respondents own their Florida residence, citing this as evidence that their primary affiliation remains with Canada. In a largely narrative fashion, with occasional references to descriptive data, Weissleder characterized his population as "people of limited means...(with an) ability to make the most of little" (p. 93), as opposed to what he contends are more affluent Canadians who populate

the warmer, more desirable, and consequently more expensive areas of Central and South Florida. While these are interesting observations, no statewide data were cited to make valid comparisons. Neither does the study report on adjustment issues other than economic ones that are represented by significant dual residence status. Clearly, this is an interesting but limited observation of older Canadians in Florida, and highlights the need for a more statewide data base.

A number of research questions about Canadian seasonal migrants to Florida are of interest, although, for various reasons discussed later, only some of these can be addressed with precision in this research

In the chapters that follow emphasis is placed on a number of issues. Among these are an examination of:

- Where the older Canadians are living in Florida.
- What the demographics of this population are and how the differ by areas of settlement.
- What the migration patterns of this population are in terms of place of origin, length of stay, prior migration history and reasons for continued visits.
- What housing arrangements are made in this "second home".
- How illness and other crises affect seasonal migration.
- How Canadians who spend their lives in two different political jurisdictions with two somewhat different health care systems make use of the two systems; and what problems are encountered in using the Florida health system.
- What social services are required and used by older Canadian seasonal migrants to Florida.
- How formal and informal social support systems are developed and modified to accommodate the needs specific to seasonal migrants.

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CHAPTER 1

RESEARCH METHODOLOGY

Richard D. Tucker, Larry C. Mullins***
*Charles Longino**** and Victor Marshall*****

A collaborative group of researchers was established by the International Exchange Center on Gerontology, based in Tampa, Florida, in collaboration with the Program in Gerontology, University of Toronto, to initiate research concerned with older Canadians residing in Florida. The research group consists of four investigators from different universities and with complementary substantive interests in seasonal migration of the elderly. Budget limitations and the absence of any population listing of Canadian seasonal migrants to Florida suggested the appropriateness of focusing on English-speaking Canadians and of using a convenience sample to gather survey data. Available census and other archival data sources also have been utilized.

Tourism data from Florida indicate that over 60 percent of visitors to Florida are from Ontario, most of whom are English-speaking. Access to the 4,500 seasonal visitors was obtained through the cooperation of a Florida-based weekly, English-language newspaper, *Canada News*. Marketing surveys by the newspaper indicated that over 90 percent of their subscribers are older Canadians, largely from Ontario.

Prior to the construction of the survey instrument, two of the Florida-based investigators met with two Canadian Clubs in Florida identified by *Canada News* as providing different demographic characteristics of Canadian winter residents. The Canadian Society of St. Petersburg is the oldest Canadian Club in Florida, a factor that is also reflected in the older age of its membership. The Canadian Club of Barefoot Bay is

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comprised of more recent retirees who live in a large mobile home community located on the central east coast between Melbourne and Vero Beach. Members of these two groups met in separate "focus group" sessions with the investigators and provided valuable feedback on proposed survey items as well as suggesting topics not included.

A twelve page, structured questionnaire was mailed to the 4,500 subscribers of *Canada News* at the peak of the tourism season in February, 1986. Because the actual subscriber tape was not provided, full personalization techniques (Dillman and Frey, 1974) could not be employed. Mailing labels were used, with a pre-printed postage paid return envelope. Given the unique and direct communication medium with our targeted respondents, the newspaper itself was employed to enhance completion rate. A distinctive advertisement appeared in the paper the week prior to, and the week of, the survey mailing. the advertisement was in the form of a letter to subscribers on a facsimile of our project letterhead (a red maple leaf superimposed on an outline of the State of Florida), with a listing of our advisory committee representing both Canadian and Florida involvement. A news story with photograph of the study team appeared concurrently with the mailing. A week later, a thank-you/ reminder notice was printed in the newspaper. Four weeks later, a second mailing was done to non-respondents, accompanied by a final notice in the paper.

Usable questionnaires were returned by 2,731 respondents, or 61 percent. The inability to employ all personalization techniques limited the response rate. An additional factor limiting the response was the small "window' in which to conduct follow-up solicitation. This is a result of the return to Canada in April of the majority of seasonal migrants. Thus, there were only two and a half months within which initial questionnaires were distributed and follow-ups made. Despite these limitations, the response rate was enhanced by the high interest of the respondent pool. This is evidenced by the fact that one-third of the questionnaires were returned on the first possible day for mail return. Respondent interest is also evidenced by the fact that 11 percent of the respondents provided additional qualitative information in response to a request at the end of the questionnaire. Additional discussion of the qualitative data is included in Appendix B.

The respondents cannot be considered a "sample" in any strict sense of the term, since no population listing exists from which a sampling frame could be constructed to any specifications. It is in keeping with the

political systems of Canada and the United States that precise listings of the whereabouts or the characteristics of foreign visitors are not kept. The characteristics of this opportunistically-drawn set of respondents are nonetheless of interest because it is large in number and probably representative of many Canadian seasonal migrants to Florida. Because the respondents all subscribed to *Canada News*, short-term visitors, who would not be motivated to subscribe, are not included. Since our interest was not in short-term visitors which were considered "vacationers", the newspaper's population was ideally suited for the purpose of the study. In general, the geographical distribution of the respondents conforms to informal knowledge of seasonal migrant pockets but, also shows a wide spread of areas suggesting that the readership of the newspaper is not highly biased on geographical counts.

CHAPTER 2

DESCRIPTIVE OVERVIEW OF OLDER ANGLOPHONE CANADIANS IN FLORIDA

Richard D. Tucker and Victor Marshall

General Overview

The respondents in our survey lived in 47 of the 67 counties in Florida. Ten or more respondents were represented in thirty counties; however, the respondents were concentrated in fifteen counties, which accounted for 83 percent of all respondents and from each of which 68 or more respondents were drawn. Furthermore, over 35 percent of the respondents were from three counties, Pinellas (16.2 percent), Charlotte (10.1 percent) and Polk (9.6 percent). There was no way of knowing precisely if this distribution reflects the distribution of all anglophone Canadian seasonal migrants because it may reflect geographical differences in the marketing of *Canada News*. However, Pinellas County is the location of St. Petersburg, regarded as the retirement haven for may of Florida's very old people. Charlotte County is the location of Port Charlotte and the site of Maple Leaf Estates, a luxurious, formerly Canadian-owned mobile home community of over 1,100 units that is 72 percent occupied by Canadians (5 percent of our total respondents are drawn from this community). Polk County includes Lakeland and Winter Haven, both rapidly growing retirement communities.

Another 19 percent of the respondents were drawn from the remaining southwestern counties of Sarasota, Manatee (Bradenton), Lee (Fort Myers and Cape Coral) and Collier (Naples, Bonita Springs). Overall, counties most strongly represented by the respondents were also those having the largest percentage of Florida's indigenous senior population.

Table 2.1 summarizes some of the socio-demographic characteristics of these Canadians. They had a median age of 69.2 year, with 22 percent of them being under age 65, 57 percent were aged 65-74, and 21 percent were aged 75 or older. Although instructions in the cover letter asked for either the male or the female to respond, depending on alphabetical

placement of the surname, 60 percent of the respondents were male. The great majority of respondents, 89.6 percent were married, with 8.1 percent widowed. More than half were high school graduates. Most were born in Canada and claimed Ontario as their residence.

TABLE 2.1.
Socio-Demographic Characteristics of Respondents

Gender	male	60.0
	female	40.0
Median Age		69.2
Marital Status	married	89.6
	widowed	8.1
	divorced/separated	.8
	never married	1.5
Years of Education*	0-9	16.8
	10-12	38.8
	13	11.1
	14+	33.2
Country of Birth	Canada	85.2
	Great Britain and Eire	8.4
	United States	2.1
Residence in Canada	Ontario	89.4
	Quebec	4.0
	B.C. and Prairies	1.7
	Atlantic Canada	4.8

* In Ontario, origin province of the majority of respondents, high school extended through Grade 13 during the youth of the respondents.

The social class position of these seasonal migrants was measured by the "main occupation of you and your spouse over most of the working life", by educational attainment and by current household income. The respondents varied widely in social class on these measures; but were predominately middle to upper-middle class with proprietors and managers of small firms, semi-professionals such as nurses and teachers, and clerical workers well represented. However, few respondents were from farming occupations, or the industrial and manufacturing labor sectors.

The middle-class nature of the respondent pool is evidenced by the fact that 33 percent had some post-secondary education and 26 percent had completed baccalaureate or post-graduate training. The modal annual household income was in the $20-40 thousand dollar (Cdn.) range, with 28 percent of the respondents reporting a household income of $40,000 or more (5 percent of the respondents declined to report their income). These income levels are well above average among Canadians of the same age range.

As *Canada News* is an English-language newspaper, it was not surprising that 97 percent of the respondents reported English as their primary language and that only 4 percent were from Quebec, even though many Quebecers were among the seasonal migrants to Florida. Ontario was by far the leading province-of-origin for the respondents -- 89 percent listed Ontario as their home province. Only 3 percent listed Nova Scotia, 2 percent indicated the other Atlantic provinces, and 2 percent identified a province west of Ontario.

Migration Patterns

Turning now to the migration history of these respondents, it was found that almost three-quarters reported having vacationed in Florida prior to making a post-retirement move. The description of one respondent whose husband was still working in Canada captures the process of moving from vacationing to home-owner which is experienced, or likely to be experienced, by many:

> "We started coming to Florida in 1960 for short winter vacations, spending about 2 weeks in the Miami Beach area. In 1968 we bought our house here in _____, and have spent our time here every winter since then. Gradually lengthening the time ever since, up to 11 weeks this year. Our aim is to spend 4-5 months here, within the next few years". (R3601)

More than three quarters, 76 percent, were retired, and half had been retired for ten years or more. Since retirement, one-fifth of the respondents have made 10 or more seasonal migrations to Florida, and another two-fifths have made between 5 and 9 seasonal migration trips. The first seasonal migration lasted eleven weeks, on average, but over the years, the average length of stay increased so that the typical visit begins in

November and ends in May, lasting almost six months. Qualitative data suggest that this duration results not only from seasonal climatic conditions, but from the requirement of Canadian health plans that six months Canadian residency is required for continuing enrollment. Almost two-thirds (64 percent) of the respondents indicated they had limited or restricted their time outside Canada in order to maintain eligibility for Canadian Medicare insurance.

The housing arrangements of these Canadian visitors were varied. Almost 56 percent lived in mobile home communities, 22 percent in condominiums, 15 percent in single-residence homes and 5 percent in rented apartments. Just 1 percent lived in motel/hotel units. Three-fourths of the respondents indicated they owned their Florida residence. Only a few more (77.3 percent) owned their Canadian residence. In some instances, the Canadian residence was a summer vacation home and the respondents divided their time between two vacation homes, both of them owned.

They were asked, "Do you think of your 'home' as being in Florida or Canada?", with the fixed choices of "Canada, mostly", "both, equally", "Florida, mostly", or "neither". Fully, 82.2 percent chose the "Canada, mostly" response, and just 2.9 percent the "Florida, mostly" response.

The reasons for seasonal migration were asked through a structured question allowing the respondent to select several or all reasons. Qualitative data confirmed the structured survey data findings: climate and the Florida life-style were the major determinants, noted by 89 percent and 67 percent of respondents respectively. It is interesting that, while just 8 percent of the respondents noted proximity to family members as a reason to travel to Florida, the fact that some friends winter in Florida was a significant factor noted by 22 percent of the respondents. This is explored later in this chapter.

Satisfaction with Florida living was high, though not quite as high as with life in Canada (74 percent say they are "very satisfied" with life in Florida, 82 percent with life in Canada). Only 3 percent of the respondents did not plan to return to Florida on a continuing basis. However, another 21 percent were unsure. The uncertainty, among these unsure, was related to fluctuating exchange rates at the time of the survey (21 percent of those unsure), other financial reasons (3 percent) or health reasons (13 percent of those unsure).

Health Status and Health Service Utilization

Another focus of the survey was on the health status and health service utilization of these Canadian visitors. Their health service utilization is of interest because as a group they are in the unusual situation of access to, and potential need of, two different health care systems. It was found that, on the whole, these seasonal migrants were very healthy. Nonetheless, they had concerns about health care utilization which has shaped their seasonal migration behavior and their future plans.

A number of questions about health status were asked. As seen in Table 2.2, there were generally low levels of reported health problems, except for the chronic conditions of arthritis and heart problems. Little activity limitation was found, nor was the indication of sickness and bed days extensive among these respondents. As to specific conditions which troubled them, and for which they received treatment, high blood pressure was cited by 26 percent of the respondents, arthritis and limb or joint problems by 22 percent, and heart disease by 13 percent. Asthma, digestive problems and diabetes were each cited by about 5 percent of the respondents. Arthritis and limb problems were also cited by an additional 28 percent of respondents who said they were not currently receiving treatment. Twelve percent reported hearing problems but only one-third of that number indicated they were receiving treatment. In general, because most of the respondents were in their late sixties or early seventies, they had begun to experience some health problems, but in general they were healthy.

Turning to the utilization of services, information was obtained by the responses to several questions about health care while in Florida and while in Canada. A regular relationship with a physician in Canada was reported by 64 percent of the respondents; another 30 percent reported such a relationship both in Canada and in Florida. A smaller proportion, 35 percent, reported a regular relationship with a specialist physician in Canada, while 11 percent reported such a relationship in both Canada and Florida, only 5 percent indicated they had no regular relationship with a family doctor or general practitioner in either place, but half had no relationship at all with a specialist.

During the two week period prior to their completing the survey, 7 percent of the respondents had visited a doctor in Florida, 1 percent had visited a doctor in Canada and 1 percent had telephoned a doctor in

TABLE 2.2
Health Status Indicators

How would you describe your state of health? Compared to other persons your age, would you say it was...	
Excellent	34.1%
good	51.5%
fair	13.3%
poor	1.0%
During the last two weeks, were there any days when you were not able to carry on your normal daily activities because of illness?	
yes	10.0%
for those saying yes, mean number of days = 4.8; median = 3	
How many days during the last two weeks did you stay in bed all or part of the day?	
none	90.7%
Is there any physical condition, illness or health problem that bothers you now?	
yes	56.0%

Canada. During that two week period, almost 5 percent had visited a specialist in Florida and less than 1 percent had done so in Canada.

Besides physicians, the only medical services utilized to any great extent were dental services and pharmacy services. More than half, 53 percent, reported they had utilized dental services in Canada, 12 percent for both countries, but less than one in twenty, 3 percent, used dental services in Florida only. Regarding pharmacy services, migrants stock up on drugs in Canada in order to benefit from government subsidies such as the Ontario PARCOST program. Over four-fifths, 82 percent, reported that Canada pharmacists "fill prescriptions for drugs you routinely take, to bring with you to Florida."

While the respondents viewed themselves as generally healthy persons who utilize few health services in Florida, 14 percent did report a

"medical emergency requiring doctor or hospital care" during this trip to Florida, and 38 percent reported such an emergency on a previous trip. Satisfaction with the quality of health care received in Florida was generally high, but many respondents expressed concern about potentially high costs, particularly should hospitalization become necessary. Only 12 percent expressed worries about the quality of care, and 4 percent expressed concern about hospital costs, and 23 percent about doctors' costs.

These concerns were not unreasonable in light of experience. Asked to report on this particular visit to Florida, 19 percent said they had billed a provincial health insurance plan, 14 percent a government plan, and 2 percent a private plan, for hospital costs. Out-of-pocket expenses were reported by 8 percent of the respondents for doctor's costs and by 3 percent for hospital costs. Of those with out-of-pocket expenses, the average amount paid in costs for physicians was US$169, and in-hospital costs are US$456. Another out-of-pocket expense was for prescription drugs with 9 percent of respondents reporting an average expenditure of US$54 during this trip.

Next, when asked if there was a hospital or clinic near the Florida residence which accepted Canadian government payment in full or partially, thirty-four percent of the respondents indicated partial payment, and 15 percent full payment; but the largest number of respondents (41 percent) were uncertain of hospital policies in this regard. The uncertainty was, no doubt, one indicator of their current lack of need for such services.

The respondent displayed a "strategic orientation" toward the use of the Canadian and U.S. health care systems. Prior to leaving Canada, 84 percent of them visited a Canadian doctor for a check-up (or, as several respondents put it, a "major tune-up". As noted earlier, most stockpiled prescription drugs. A third left specific instructions with relatives or friends in case of a possible medical emergency. Only 7 percent had their Canadian physician arrange a referral to a Florida doctor, but 81 percent had enrolled in a private health insurance plan to supplement their provincial health plan.

It should be noted that several respondents indicated in their separate letters that living in Florida has health advantages. One respondent said, "My wife finds that her bronchitis is also considerably better in Florida, as a result of the sun and warmth" (R3935). Another reported, "Both of us were susceptible to colds and sinus condition. Since moving down here

probably because of a steady type of weather and saltwater swimming, no more sinus and the only colds we have had are what we may pick up on our visits north" (R2238). A third of the respondents described better health as a reason for continuing to visit Florida: "Since retirement my spouse can no longer stand cold temperatures, so warmer climates are necessary for 4-5 months. After 6 winters, both of us are more physically fit. We return north in the spring in great shape. With brisker weather, we have more energy, and for 7 months we have heavier physical activity with boating and gardening, ..."(R4046).

Also, inquiry was made into the need for, and use of, a wide range of social services by these Canadian seasonal migrants. Asked about eleven basic and instrumental activities of daily living, less than 1 percent reported a need for assistance with using the telephone, bathing, taking medications, general ambulation around the house or going up or down stairs, or getting in and out of bed. About 2 percent indicated difficulty in preparing meals, about 4 percent indicated difficulty carrying groceries or with transportation. As noted earlier, the great majority of our respondents were married and the spouse was the most common provider of any needed help.

Given the high level of independence found among these persons and the typical availability of a spouse, it was not surprising to find almost no utilization of social services for the elderly, e.g., senior centers, special transportation, meal delivery or congregate meal sites, homemaker services, visiting nurses, home health aides, or adult day care. Of these services, only the senior center was indicated by slightly more than 2 percent of the respondents. All other items were listed by less than half a percent of the sample. Though the utilization of social services, and of health services, was somewhat higher among the older respondents, the overall finding was of low service utilization level.

Social Support Networks

Seasonal migration raises several questions about social support networks. It is clear from the above data concerning health care status that few of the seasonal migrants in this study had great needs for direct assistance because of health care needs and that, if they did, most were able to receive it from a spouse. However, most of these respondents anticipated health declines as they became older. Moreover, social support was relevant in contexts much broader than the availability or

receipt of direct assistance, encompassing emotional bondedness in families and with friends. In this context, it is relevant to inquire about the nature of social support networks of people who divide their lives into two geographical pieces in two different countries.

Among these respondents, 90 percent were married and living with their spouse, only 8 percent lived alone. The remaining 2 percent resided, when in Florida, with either a child, a sibling, a relative or, most frequently, a friend. (Note that the instructions to the respondents directed the questionnaire to the eldest male or female, depending on the alphabetical placement of the respondent's surname initial; thus, the respondents do not include children who lived with a parent.) While 90 percent of our respondents reported having a child, only 2 percent reported that a child lived near their Florida home, i.e., within 50 miles. This generally is consistent with Canadian data (Rosenthal, 1987), where 60 percent reported a child living near their Canadian home.

Seasonal migration not unexpectedly made visiting and the exchange of assistance between the generations more difficult. However, in other respects, it seems to have strengthened family life. As one respondent put it: "We talk to our son, his wife and two small children at least once a week. We fly up for a week in June and September. They come down for Christmas. As the saying goes: It's nice to be part of a close-knit family providing you live 1,500 miles away." Regarding friendship, this same person said, "Do we miss our Canadian friends? You don't realize how many friends you have until you own a place in Florida, especially in the winter" (R2238).

Data on visiting patterns to Canadian seasonal migrants appear in Table 2.3. Among the half of respondents who were not visited by children were those (11 percent of respondents) who had no children. Similarly, 81 percent of our respondents had no parents or parents-in-law alive. Of those with a parent or parent-in-law alive, 13 percent had been visited and about the same percentage anticipated a visit. If a parent or parent-in-law was alive, then in half these cases the parent lived near the Canadian home (we defined "near" as within 50 miles/80 km). Only 6 percent of the respondents parents lived near their Florida home.

Half of the respondents had siblings living near their Canadian home, while 9 percent reported a sibling living near the Florida home. About a fifth of respondents reported that a sibling had visited, and another fifth reported that a sibling visit was planned for this year.

TABLE 2..3.
Visiting patterns to seasonal migrants*.

	Occurred	Patterns
A Child	49.0	38.0
A Parent or Parent-in-Law	2.8	2.4
A Sibling	22.7	20.9
Another Relative	20.2	18.9
A Friend	56.5	54.5

* Occurred and planned not mutually exclusive categories. The percentage is of all respondents (n = 2728) and is affected by varying numbers of respondents with different types of kin.

Further examining family ties, 44 percent reported other relatives living near their Canadian home, with another 9 percent who reported other relatives living near their Florida home. The frequency of visits or planned visits was similar to that for siblings.

Friendship was more frequently reported in proximity to the Florida home. Three-fourths of the respondents reported that close friends (the term was not defined) lived year-round near their Florida home, as opposed to 82 percent who indicated close friends living near their Canadian home.

Clearly, there was more frequent association with friends than with family members other than the spouse. Other relatives and siblings had closer associations than either children or parents. Fewer than 18 percent of the respondents reported a visit from a family member within the two weeks prior the survey, but 82 percent indicated they had received mail from family during that time period and 87 percent indicated they had had contact by telephone.

Discussion

Based on this preliminary descriptive analysis, a number of policy issues are raised for provincial and national government in Canada, for the United States government and for the State of Florida. In addition, private sector interest in these data is directed toward the health insurance, travel assistance health care areas.

The State of Florida should recognize that Canadian visitors are a valuable resource. While spending a reported $US 1,200 per month, over an average five-month stay, "snowbirds" seem to make few demands on the social services available to older people in Florida. Their very presence attracts tourism visits from children and other relatives, generating direct and multiplier effects on the economy of the communities where the seasonal residents are living.

It should be emphasized that the State of Florida has no state income tax; the primary source of revenue is derived from sales and property taxes. Since three-quarters of these older Canadians reported owning their Florida residence, they pay property tax. Further, they pay at the maximum rate for that tax since non-residents do not qualify for the current $25,000 homestead exemption. Property taxes are paid for a twelve month period, but the seasonal migrants benefit from the public goods they help provide for just the five months, on average, they reside in Florida.

Governmental concern is high in Florida about the costs of health and social service provision for an ever-aging population. However, Canadian seasonal migrants seem to make few demands for such services. Biggar (1984) and Longino (1979) have reported that older migrants to Florida tend to return to their original family support networks when faced with serious health or social problems. The qualitative data here suggest that the generalization applies to Canadian seasonal migrants as well. The data clearly show that the family support system for these people remains primarily in Canada.

Perhaps the most compelling reason the Canadian seasonal migrants may be expected to return to Canada as their health deteriorates is their view of the Canadian health care system. The full coverage provided in Canada, coupled with anxiety about hospital costs in general, provides a strong motivation to maintain eligibility for Canadian Medicare.

On the Canadian side, the data would at first glance suggest that Florida's economic gains are Canada's losses. However, seasonal migrants continue to pay income and property taxes in Canada, although absent for nearly half a year. Their investment capital may predominately remain in Canada as well.

Though information was not collected on the topic, it may well be that Canadian seasonal migrants to Florida attract American visitors to Canada during their annual return to Canada. Another intriguing possibility is that those who winter in Florida make less total utilization of the

Canadian health care system than their counterparts who remain in Canada throughout the year. Absence from Canada may be only part of the story. As noted earlier, a recurrent theme in the qualitative data is the conviction among respondents that the Florida life-style and climate promote better health, perhaps even greater life expectancy.

While Canadian seasonal migrants to Florida are not poor, either economically or in health -- they are "advantaged" older persons -- few of them are wealthy and none are exempt from threats to their health. In general, they approximate middle-class aging patterns in many respects. Moreover, to the extent they represent "successful aging", a greater knowledge of the strategies they employ might prove beneficial to others. The remaining chapters will examine in greater detail a number of the issues raised in this overview.

CHAPTER 3

ON THE NESTING OF SNOWBIRDS: CANADIAN-BORN RESIDENTS OF THE UNITED STATES*

*Charles F. Longino, Jr.***

As a way of putting the results of the current research into a broader demographic perspective, this chapter examines U.S. Census data concerned with Canadians residing in the U.S.

The relationship between Canada and the United States is a close one. There was a great deal of migration to Canada from the United States during and following the Revolutionary War. During the Vietnam War there was another infusion of new Canadian-born citizens from the United States. In addition, both the Canadian and U.S. tourism industries thrive on vacationers from across the border. The advertisements urging Americans from the States to visit Canada during the summer and urging Canadians to visit the States during the winter are evident to all. The permanent migration and vacationing patterns across national borders, however, are related phenomena. This paper explores the relationship.

Vacationing is by nature nonpermanent. It is the most transient of mobility types. Migration theory, however, treats permanence as though it is a binary concept. Migrants make a permanent move and non-migrants do not. In reality, permanence is a variable concept. It forms a continuum. Permanent migrants anchor the continuum on one end.

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Vacationers anchor it on the other. The migrants who settle in each country for half a year form the middle-ground of the continuum. They stay longer than vacationers, but they are not permanent. The study of Canadian winter visitors (snowbirds) must be understood in this broader context. Some Canadian citizens have relatives who have migrated to the United States. Many of these relatives have become naturalized citizens here. Yet their geographical distribution and their population characteristics have not been carefully understood. Because they may serve as an unofficial reception committee for Canadian winter visitors and since they may be an important part of the social network of seasonal migrants while they are wintering in the States, it is important to know more about them.

After a statement of the methods used to assemble the data, data analysis will be divided into two parts. First, the distribution of native-born Canadians in the United States will be described in a number of ways, showing the concentration in the top ten states of those of all ages and of those 60 and older. Second, the demographic, socioeconomic and relational characteristics of general and older immigrants to the United States will be profiled, not only for the nation as a whole, but for Florida in particular.

The Data

In 1960 the U.S. Bureau of the Census for the first time made a small sample of individual census records (on computer tape) available to users outside the Bureau. By 1980 the sample had grown from 1 to 5 percent. The analysis that follows used Sample A, the 5 percent sample, of the 1980 census microdata files (Longino, 1982; Longino and Teicher, 1982).

The records of those persons who were born in Canada of Canadian parents, but who were in 1980 residents of the United States, were extracted from the national sample. We did not include the records of persons who had moved to Canada from a third country and then migrated to the United States. Nor did we include the records of persons who were born in Canada to parents who were U.S. citizens. The data used in this analysis contain only the records of resident aliens and naturalized citizens in the United States in 1980 who are Canadian by birth. The computer records were analyzed just like any other survey data file. The cases were weighted by 20 so that the numbers represent 100 percent estimates of the study population.

Measures

The criteria variables defining resident and naturalized native-born Canadians and the state geographical units were used in the first four tables to examine the distribution patterns of the study population. The older resident Canadians are always compared with their general population. Microdata are combined with total counts to provide many of the measures used in Tables 3.1-3.4.

Tables 3.5 and 3.6 profile the characteristics of natives of Canada in the United States and Florida. In each of these tables older and younger Canadians are compared, with the cut-point at age 60. Sixty was chosen because of its program relevance and that it allows maximum comparison with elderly migration statistics in the United States (Longino, et al., 1984).

There were two criteria for item selection. First was the comparability of the item with census items used in other studies of older migrants and older Americans more generally. Second, the clarity of the concepts underlying the items, and the ease of presentation were considered to be important for selection. The profiling characteristics are grouped into four clusters. They are demographic, socioeconomic, relational and environmental (Litwak and Longino, 1987).

The demographic variables include age, gender, language and citizenship. There are two measures of age, the mean age within each age category, and the proportion of the older grouping that is 75 years of age and older. There are two measured of language, the proportion who speak only English and the proportion who speak another language. Most often, of course, the other language would be French. The key language question in the U.S. Census, unfortunately, deals only with English. Only ethnicity related to language was considered important to this profile. The provincial origins of the profiled population was not available to the U.S. Census, and was considered to be of little consequence for those who have spend most of their lives in the United States. The proportion who are naturalized U.S. citizens and the percent who moved to the U.S. over 20 years ago complete the picture.

The socioeconomic variables include education, income, home ownership and poverty level. There are multiple measures for each. Education is measured as the mean number of years of schooling, the proportion who are high school graduates or higher and the proportion who have completed one year or more of college. There are two income

measures, total personal income and total household income. Income is given in June, 1987, constant dollars, based on 1979 reported income. Home ownership is important since home equity is, for most people, their single largest asset. Poverty level is compared at the upper and lower ends of its distribution. The proportion of each age category whose family income is below the poverty threshold, as well as the percent whose income is at least double the poverty level are both included.

Relational characteristics emphasize marital status and living arrangements. The census is limited in its coverage of relational characteristics. The mean household size, and the proportion in each age group who live in group quarter of all kinds, and homes for the aged in particular, round out the comparison.

Finally, some environmental measures are included in the profile. These focus upon the recent migration experience of persons in the two age categories and their types of housing.

The Distribution of Canadian-Born Residents of the United States

In 1980 there were fewer than a million (833,920) native-born Canadians living in the United States. Thirty-nine percent of these were 60 years of age or older. The total and elderly population of the 10 most populous states are displayed in Table 3.1, along with the total and older Canadian-born residents. This table presents some of the volumes on which some of the proportions in later tables are based.

Seventy-one percent of the Canadian-born residents of the U.S. are concentrated in only 10 states: California (19.2%), Michigan (9.2%), Massachusetts (9.1%), Florida (8.5%), New York (8.5%), Washington (5.6%), Connecticut (3.4%), Maine (3.2%), Illinois (2.4%), and Oregon (2.3%). It is easy to see from this listing that the largest concentrations of Canadians are found either in Canadian border states or in the Pacific states. The only state that is not contiguous is Florida, which is as far from Canada as one can move in the continental United States.

In 1980, 325,420 of the Canadian-born were age 60 and older. The older natives of Canada are even more geographically concentrated. Seventy-nine percent are found in the top ten states: California (16.2%), Massachusetts (14.1%), Florida (10.7%), Michigan (10.5%), New York (9.0%), Washington (5.3%), Maine (4.5%), Connecticut (3.3%), New Hampshire (3.0%), and Oregon (2.5%).

Table 3.1.
Total Canadian Population Volumes and Ranks by State,1980

State	Total Population	Canadian Born Number	Canadian Born Rank	Total 60+ Pp. Number	Total 60+ Pp. Rank	Canadian Born 60+ Number	Canadian Born 60+ Rank
Ala.	3393888	2360	38	609114	20	520	37
Alaska	401851	2320	40	19643	51	360	43
Ariz.	2718215	14380	15	491762	27	5560	12
Ark.	2286435	1380	46	422808	28	460	39
Cal.	23667902	159960	1	3406678	1	52620	1
Colo.	2889964	8300	20	349924	33	1820	23
Conn.	3107576	28720	7	521534	24	10780	8
Del.	594338	1080	47	86009	48	280	46
D.C.	638333	820	51	103779	46	300	45
Fla.	9746324	70540	4	2252235	3	34700	3
Geo.	5463105	5200	27	732600	15	880	32
Hawaii	964691	2820	35	113944	44	580	35
Idaho	943935	3200	33	131877	41	1100	29
Ill.	11426518	19660	9	1772117	6	5660	11
Ind.	5490224	6400	24	819166	13	1680	22
Iowa	2913808	2600	37	520655	25	620	34
Kan.	2363679	2300	41	412296	31	480	38
Ky.	3660777	2260	42	563601	23	340	44
La.	4205900	2620	36	586011	22	440	40
Maine	1124660	27240	8	191729	36	14580	7
Md.	4216975	6820	22	575989	21	1780	24
Mass.	5737037	76200	3	1003915	10	45840	2
Mich.	9262078	76540	2	1305636	8	34000	4
Minn.	4075970	12320	17	650202	18	3660	18
Miss.	2520638	1540	44	393021	32	220	48
Mo.	4916686	3880	30	873358	11	1140	28
Mont.	786690	5260	26	119240	43	1980	21
Neb.	1569825	1460	45	273212	35	220	48
Nev.	800493	4660	29	101339	47	1580	26
N.H.	920670	18360	11	273212	40	9680	9
N.J.	7364823	16080	14	1227431	9	5320	15
N. Mex.	1302894	2360	38	164661	38	440	40
N.Y.	17558072	70500	5	3001774	2	29220	5
N.C.	5881766	5020	28	858313	12	1280	27
N.D.	652717	3360	31	108387	45	1040	30
Ohio	10797630	17340	13	1658023	7	5460	13
Okl.	3025290	3100	34	506754	26	700	33
Ore.	2663105	19420	10	421026	29	8140	10
Penn.	11863895	13340	16	2163914	4	3820	17
R.I.	947154	8740	19	176373	37	5340	14
S.C.	3121820	2140	43	416144	30	420	42
S.D.	690768	1080	47	122063	42	220	48
Tenn.	4591120	3320	32	717361	17	540	36
Tex.	14229191	17500	12	1902710	5	2840	19
Utah	1461037	5300	25	155480	39	980	31
Vt.	511456	10980	18	79189	49	5160	16
Vir.	5346818	8120	21	726370	16	1600	25
Wash.	4132156	46540	6	610599	19	17240	6
W.V.	1949644	860	50	330525	34	240	47
Wis.	4705767	6620	23	771144	14	2100	20
Wyo.	469557	1000	49	52779	50	140	51

It is interesting to compare the two listings. The order is very similar. Except for the decline of Michigan from second to fourth place among older Canadians, the order of the top six states is the same. Illinois drops out of the top ten for the older Canadians, and New Hampshire rises to take its place. The midwestern states of Michigan and Illinois are clearly less popular with older than with younger Canadian-born U.S. residents. Again, older Canadians are the most concentrated in the New England and Pacific regions, Florida again being the geographical exception.

In passing, it should be mentioned that the Canadian-born American population is more than twice as likely to be 60 years of age or over than the U.S. population on the whole. Nearly 40 percent of the Canadian-born American residents are age 60 and older as compared to 16 percent of the general U.S. population.

Table 3.2 takes this observation and applies it to state-by-state distribution.

The first pair of columns displays the proportion of each of the top ten state's population that is 60 years of age and older, and its rank relative to all other states (and D.C.). The top ranking states in the proportional size of their older populations are Florida (23.1%), Rhode Island (18.6%), Arkansas (18.5%), Pennsylvania (18.2%), Iowa (17.5%), Missouri (17.8%), South Dakota (17.7%), Massachusetts (17.5%), Kansas (17.4%) and Nebraska (17.4%).

It was shown in Table 3.1 that the older Canadian-born U.S. residents tend to concentrate in certain states. Florida and Massachusetts were among the top ten states. They also rank among the states having higher than average concentrations of older people in their populations.

Which are the states that have high concentrations of older persons among their Canadian-born settlers? These states are identified in Table 3.2. Rhode Island ranks first. Sixty-one percent of its Canadian-born residents are 60 years of age or older. The second through ninth ranked states are Massachusetts (60.2%), Maine (53.5%), New Hampshire (52.7%), Florida (49.2%), Vermont (47.0%), Michigan (44.4%), Oregon (41.9%), New York (41.5%) and Arizona (38.7%). Because older native-born Canadians are 39% of the native-born Canadian population residing in the U.S., the states ranking in the top 9 have a heavier than average concentration of the elderly ones.

The states that rank high on both rankings in Table 3.2 are Florida, Rhode Island and Massachusetts. These are the states with higher than average proportions of the elderly in their general population and also a

Table 3.2.
Percent 60+ in State General and Native Canadian Populations, 1980.

State	In Total Population		In Canadian Population	
	Percent 60+	Rank	Percent 60+	Rank
Alabama	15.8	28	22.0	34
Alaska	4.9	51	15.5	47
Arizona	15.9	21	38.7	10
Arkansas	18.5	3	33.3	17
California	14.4	38	32.9	19
Colorado	12.1	47	21.9	35
Connecticut	16.8	14	37.6	12
Delaware	14.4	35	25.9	30
D.C.	16.3	19	36.6	14
Florida	23.1	1	49.2	5
Georgia	13.4	42	16.9	43
Hawaii	11.8	48	20.6	37
Idaho	14.0	38	34.4	15
Illinois	15.5	26	28.8	26
Indiana	14.9	32	29.4	25
Iowa	17.9	5	23.6	32
Kansas	17.4	9	20.9	36
Kentucky	15.4	29	15.0	49
Louisiana	13.5	41	16.6	44
Maine	17.1	12	53.5	3
Maryland	13.7	39	26.1	29
Massachusetts	17.5	8	60.2	2
Michigan	14.1	37	44.4	7
Minnesota	16.0	20	29.7	23
Mississippi	15.6	25	14.3	50
Missouri	17.8	6	29.4	24
Montana	15.2	31	37.6	11
Nebraska	17.4	10	15.1	48
Nevada	12.7	45	33.9	16
New Hampshire	15.5	27	52.7	4
New Jersey	16.7	16	33.1	18
New Mexico	12.6	46	18.6	41
New York	17.1	11	41.5	9
North Carolina	14.6	34	25.5	31
North Dakota	16.6	17	31.0	22
Ohio	15.4	30	31.5	21
Oklahoma	16.8	15	22.6	33
Oregon	15.6	22	41.9	8
Pennsylvania	18.2	4	28.6	27
Rhode Island	16.6	2	61.1	1
South Carolina	13.3	44	19.6	40
South Dakota	17.7	7	20.4	38
Tennessee	15.6	24	18.3	45
Texas	13.4	43	18.2	46
Utah	10.6	50	18.5	42
Vermont	15.5	28	47.0	6
Virginia	13.6	40	19.7	39
Washington	14.8	33	37.0	13
West Virginia	17.0	13	27.9	28
Wisconsin	16.4	18	31.7	20
Wyoming	11.2	49	14.0	51

higher than average proportion of the elderly in their native Canadian population. One would expect to see these states appearing prominently on several state comparisons in this analysis.

The Canada-born age structure in the U.S. is "older" than that of the U.S. as a whole. Accordingly, its older population will have a noticeable impact upon the older populations of some states. This point is clearly evident in Table 3.3.

The proportion (per 1000) of Canadian-born residents in the top ten state populations and their state ranks are displayed in Table 3.3, as well as the top ten states' proportions of the Canadian-born among their older populations.

Only in Mississippi and Nebraska are the proportions of older Canadians lower than that of all ages. And in the states where Canada-born residents are most likely to settle, the impact of the older age group is considerably greater. New England is a region where native-born Canadians are highly concentrated. Maine ranks first in both categories. Nearly 25 of every thousand residents of that state were born in Canada. In the older population it is 76 of every thousand. Vermont and New Hampshire rank second and third in the proportion of Canadians who make up their populations. In every thousand Vermonters, 21 were born in Canada and the proportion rises to 65 per thousand among older Vermonters. The same heavier concentration of older Canadians can be found in Massachusetts and Rhode Island. Among the Pacific states, only Washington ranks in the top five in the impact of native-born Canadians of all ages. California, Illinois and New York, three of the most heavily populated states in the nation, drop out of the top ten when the discussion of volume (Table 3.1) shifts to the proportion of state populations.

Even though California ranked first in the number of Canadian-born persons who reside there, one is more apt to run into a native of Canada in Maine than in California if you start asking where acquaintances were born. Florida nearly ties with California in this comparison. The state farthest from Canada is ranked in the top ten states in the proportion of Canadians of all ages in its population. But its ranking drops to 14th place for the proportion on older Canadians in its population, a remarkably small decline considering the heavy proportion of older persons that make up the Florida population. Most Canadians who are U.S. residents have become naturalized citizens since coming to the U.S. Because the older part of this population has lived in the United States for a longer

Table 3.3.
Proportions of Native Canadians in State Populations, 1980.

State	Canadians in State Pop. Per 1000	Rank	Canadians in 60+ State Pop. Per 1000	Rank
Alabama	0.61	48	0.85	45
Alaska	5.29	15	12.88	15
Arkansas	0.60	50	1.09	43
California	6.78	11	15.45	13
Colorado	2.87	22	5.20	21
Connecticut	9.24	6	20.67	8
Delaware	1.82	25	3.2[illegible]	25
D.C.	1.28	33	2.69	28
Florida	7.24	10	15.4[illegible]	14
Georgia	0.95	39	1.20	40
Hawaii	2.92	21	5.09	22
Idaho	3.39	19	6.34	18
Illinois	1.72	27	3.19	26
Indiana	1.17	35	2.30	32
Iowa	0.89	41	1.19	41
Kansas	0.97	38	1.16	42
Kentucky	0.62	46	0.60	50
Louisiana	0.62	46	0.78	47
Maine	24.22	1	76.04	1
Maryland	1.61	28	3.09	27
Massachusetts	13.28	4	45.66	4
Michigan	6.26	8	26.04	7
Minnesota	3.02	20	5.63	20
Mississippi	0.61	48	0.56	51
Missouri	0.79	43	1.31	39
Montana	6.69	12	16.61	11
Nebraska	0.93	40	0.81	46
Nevada	5.92	13	15.59	12
New Hampshire	19.84	3	67.86	2
New Jersey	2.18	23	4.33	23
New Mexico	1.81	26	2.67	30
New York	4.02	17	9.73	16
North Carolina	0.85	42	1.49	36
North Dakota	5.15	16	9.60	17
Ohio	1.61	29	3.29	24
Oklahoma	1.02	37	1.39	38
Oregon	7.29	9	19.33	9
Pennsylvania	1.12	36	1.77	35
Rhode Island	9.23	7	30.28	5
South Carolina	0.69	45	1.01	44
South Dakota	1.56	30	1.80	34
Tennessee	0.72	44	0.75	48
Texas	1.23	34	1.49	36
Utah	3.63	18	6.30	19
Vermont	21.47	2	65.16	3
Virginia	1.52	31	2.20	33
Washington	11.26	5	28.23	6
West Virginia	0.44	51	0.73	49
Wisconsin	1.41	32	2.72	29
Wyoming	2.13	24	2.65	31

Table 3.4.
Characteristics of Younger and older Native Canadians in the U.S., 1980

Characteristics of Native Canadians	Under Age 60	Age 60+
Total	507,620	326,300
Demographic		
Mean Age	37.1	71.1
% Age 75+	--	31.7
% Female	56.4	61.7
% Naturalized Citizen	46.7	84.4
% Immig. in Past 5 Years	13.9	1.4
% Immig. 20+ Yrs. Ago	46.9	94.5
% Speak English Only	79.0	79.3
Speak Another Language	21.0	20.7
Socioeconomic		
Mean Yrs. of Schooling	12.3	10.7
% High School Completed	54.9	45.5
% 1+ Yrs. of College	28.1	18.2
% Own Home	72.7	72.9
% Rent Home	27.3	27.1
% Below Poverty Level	6.9	9.6
% Twice+ Poverty Level	81.5	63.8
Mean Personal Income	14,013	9,015
Mean Household Income	28,502	16,871
Relational		
% Married	63.2	58.2
% Widowed	2.3	31.0
% Never Married	25.8	5.2
% Living Independently	76.7	87.5
% Living w/Parent	15.4	.2
% Living w/Child	.2	3.5
% Living in Institution	2.5	4.0
% Living in Home for Aged	.1	3.1
Mean # Persons in Household	3.3	2.0
% With a Disability	1.2	13.5
Environmental		
% Interstate Migrants	10.4	5.9
% Migrants from Abroad	12.9	1.6
% In Mobile Homes	3.7	7.6
% In Single Family Dwellings	72.3	60.2
% In Condominiums	3.1	4.4
% In Rented Apartment	17.7	21.6

time, it has had more opportunity to become naturalized. The percentages in Table 3.4 supports this assertion. A higher proportion of older Canadians in the U.S. are naturalized citizens than is true of resident Canadians in general.

For Canadian residents as a whole, the highest proportion of naturalized citizens are found in Rhode Island, where over three-quarters have changed their citizenship. Massachusetts and New Hampshire follow in close succession. Intruding among the leading New England states, however, are two sparsely populated states from the Northern tier, South Dakota and Idaho, who rank fourth and fifth.

Older Canadians tend to have higher proportions who are U.S. citizens, but there is state variability, nonetheless. Wyoming has very few older Canadians among its resident, but all of them are naturalized citizens. The same can be said for South Dakota. Idaho comes in third with 96 percent, followed closely by Arkansas, New Mexico and Alaska. Of these states, only Idaho has over 500 older Canadians as residents. Here there is another ordering, with New England states losing by comparison with other small, scattered states. There is no strong regional clustering in the tendency for the older Canadian-born population to become U.S. citizens. The three states with the lowest concentration (not shown in the table) are just as scattered and diverse. They are Delaware, West Virginia and Hawaii. The tendency for the regional clustering of naturalized citizens to decay with advancing age may hint at some cohort shifts in past settlement patterns over time. Perhaps a more reasonable explanation, however, is the suggestion that more recent immigrants may favor border regions like New England, only to have job mobility and other forces scatter them more broadly throughout the nation as the years pass.

The Characteristics of Canadian-Born Residents of the United States

All Canadian-Born Residents of the U.S.

Table 3.5 compares the characteristics of older and younger native-born Canadians who live in the United States. One would expect them to have a somewhat higher proportion of women. Most national populations in modern societies do. Nearly a third of the older ones are over age 74. That is a few points higher than in the U.S. population in their sixth and later decades of life (Longino, et al., 1984). Nearly all of the older

Table 3.5.
Characteristics of Younger and older Native Canadians Who Immigrated to the U.S. Between 1975 and 1980.

Characteristics of Native Canadians	Under Age 60	Age 60+
Total	66,680	5,080
Demographic		
Mean Age	27.1	68.4
% Age 75+	--	18.1
% Female	51.0	55.1
% Naturalized Citizen	8.5	24.4
% Immig. In Past 5 Years	68.7	54.3
% Immig. 20+ Yrs. Ago	4.7	38.6
% Speak English Only	78.9	70.1
% Speak Another Language	21.1	29.9
Socioeconomic		
Mean Yrs. of Schooling	12.2	11.5
% High School Completed	44.7	52.8
% 1+ Yrs. of College	28.4	22.1
% Own Home	54.3	70.3
% Rent Home	45.7	29.8
% Below Poverty Level	13.3	14.1
% Twice+ Poverty Level	74.2	70.3
Mean Personal Income	13,391	11,563
Mean Household Income	29,009	17,249
Relational		
% Married	48.1	69.3
% Widowed	.6	23.6
% Never Married	47.1	3.9
% Living Independently	57.5	86.6
% Living w/Parent	26.3	.8
% Living w/Child	0	3.9
% Living in Institution	7.0	4.7
% Living in Home for Aged	0	3.9
Mean # Persons in Household	3.2	2.0
% With a Disability	.6	7.1
Environmental		
% In Mobile Homes	3.9	15.7
% In Single Family Dwellings	65.1	36.4
% In Condominiums	4.6	22.1
% In Rented Apartment	25.0	22.1

native-born Canadians immigrated to the U.S. over 20 years ago (94.5 percent), and very few of them (1.4 percent) immigrated in the 5 years before the census. Nearly half of the younger ones immigrated at least 20 years earlier, and only 14 percent had done so recently. This population is a long-established one, not tilted toward recent arrivals. It is interesting that there is no age difference or cohort effect in the anglophonic nature of this population. Nearly four-fifths speak only English; the remaining fifth speak a second language, probably French. Finally, as noted in Table 3.4, most are naturalized citizens. Almost half of those under age 60, and over four-fifths of those over 59 have become U.S. citizens. Canadian students in U.S. universities, because they rarely become citizens while studying, would tend to drive down the proportion of naturalized citizens in the younger age group.

When the socioeconomic characteristics of Canadian born U.S. residents are examined, unsurprisingly, the younger ones have more education. The education of the older ones, however, is comparable to that found in the U.S. population of the same age (Longino, et al, 1984). Age has no effect on home ownership. Persons in both age categories are equally likely to own or rent their dwellings, nearly three-quarters preferring to own them. Both personal and household income is lower in the older than in the younger group. Household income, in 1987 constant dollars is $28,502 for the younger age group, and $16,871 for the older category. Finally, the proportion of native-born Canadians whose family income is below the poverty threshold is lower than the 15% in the U.S. population in 1980. It was about half that for the younger ones and about 10 percent of the older ones. Four-fifths of the younger native-born Canadians have family incomes more than double the poverty level, and nearly two-thirds of the older ones fall into that economically comfortable range relative to the poverty ratio (Longino, 1983).

It is very interesting to observe the marital statuses of the younger and older Canadian-born residents in this country. The difference in the proportion who are married in the two age groups is not as great as one would expect. There are only about 5 percentage points difference. Widowhood accounts for nearly a third of the older group and singlehood for a quarter of the younger group. The older Canadians are slightly less likely to be married and slightly more likely to be widowed than their U.S. citizens, as a whole, who are 60 years of age or older (Longino, et al., 1984). The reason for this difference, of course, is that the native-born Canadians have a slightly higher mean age in that age category, as

pointed out earlier. Three-quarters of the younger Canadians live dependently, with their parents or others. Nearly nine-tenths of the older native-born Canadians live in their own homes, as the householder or the spouse of the householder. This is a higher rate of independent residence than is found among migrants in the general U.S. population in the same age category (Longino, et al., 1984). This is particularly surprising considering the fact that the mean age is elevated among the Canadians and they are also slightly more likely to be widowed than other older Americans in the U.S. Less than four percent of older Canadian-born U.S. residents were living with a child in 1980. The comparable figure nationally for the same age group was eight percent. Institutionalization rates are low and the average number of persons in an older household is two.

Perhaps older Canadian-born residents are a slightly more mobile population than age-comparable U.S. residents, generally because they are mobile from the start (Biggar, 1980; Biggar et al., 1984). There do not seem to be substantial differences in the younger population, but among the older Canadians, 27 percent more of them made interstate moves in the five years before 1980 than did older Americans in the U.S. generally. It is worth noting, however, that while 13 percent of the younger Canadians moved to the United States from abroad (primarily from Canada) between 1975 and 1980, fewer than 2 percent of the older ones did. Native-born Canadians, like North Americans generally prefer to live in single family homes and, as noted above, prefer owning to renting. Few live in condominiums. Although it is a minority option, twice the proportion of older than younger native-born Canadians live in mobile homes. More of the older ones live in mobile homes than in condominiums.

Canadian-Born Settlement in Florida.

The state of Florida stands out as the only distant state from the Canadian border and the Pacific Coast that attracts native-born Canadians in large numbers. It ranks fourth among the states in the volume of such Canadians it counts among its residents. In 1980 there were 70,540 persons of all ages living in Florida who had been born in Canada. Only California, New York and Massachusetts outnumber Florida; the former pair are the most populous states in the nation.

Florida is even more attractive to native-born Canadians who are in their sixties or older; it ranks third among the states in the number of older

Canadian-born persons in its residential population. At the time of the last census, there were 34,700 older persons residing in Florida who were born in Canada. The state is outranked only by California and Massachusetts.

It is interesting to note that Florida also ranks third in the volume of its older population regardless of place of birth. In 1980, there were 2,252,225 persons age 60 and older living in Florida. It was outranked by only California and New York. Since Florida is considerably smaller than those two states, the older part of its population make up a larger proportion. The Sunshine State ranks first among all states in the percent of its population that is 60 years of age or older. Twenty-three out of every hundred Floridians are in that age category.

While nearly half (49 percent) of the native-born Canadians living in Florida are also over 59 years of age, Florida only ranks fifth among the states. The New England states of Rhode Island, Massachusetts, Maine and New Hampshire have even heavier elderly concentrations among the native-born Canadians living within their state borders.

This does not mean that one is likely to encounter many year-round residents of Florida with Canadian accents, young or old. Florida and California are almost twins on this score. There are about 7 native-born Canadians per thousand residents in both states, and about 15 per thousand older Canadians there as well. Even though California ranks first in the volume of its citizens who were born in Canada, because it is such a large state, Florida actually nearly ties it when proportion (per thousand) rather than volume is considered. The states with the highest proportions, of course, are found in New England.

To summarize, then, Florida is an unusual place to study native-born Canadians for several reasons. It is not located in or near the parts of the United States where native-born Canadians are usually found in the highest numbers or proportions. Canadians seem to have to go out of their way to settle in Florida, but Florida is one of their top choices among the states. Nearly half of the native-born Canadians who live in Florida are 60 years of age or older. That is because the native-born Canadians, generally, tend more often to be made up of persons in that age group. Several New England states have even more elderly Canadian resident populations than Florida. Finally, while Canada natives in the U.S. tend to have become naturalized citizens here, only slightly more than half of those in Florida have done so, making it rank low on this dimension.

Table 3.6.
Characteristics of Younger and Older Native Canadians in Florida, 1980.

Characteristics of Native Canadians	Under Age 60	Age 60+
Total	35,840	34,700
Demographic		
Mean Age	36.4	70.9
% Age 75+	--	30.5
% Female	55.8	58.3
% Naturalized Citizen	37.5	72.7
% Immig. In Past 5 Years	24.5	5.5
% Immig. 20+ Yrs. Ago	34.3	82.3
% Speak English Only	72.6	81.6
% Speak Another Language	27.4	18.4
Socioeconomic		
Mean Yrs. of Schooling	11.9	11.3
% High School Completed	52.1	53.5
% 1+ Yrs. of College	25.8	22.4
% Own Home	75.6	86.2
% Rent Home	24.4	13.9
% Below Poverty Level	7.6	11.0
% Twice+ Poverty Level	78.1	64.9
Mean Personal Income	12,573	9,368
Mean Household Income	25,183	15,640
Relational		
% Married	58.3	66.9
% Widowed	2.0	26.1
% Never Married	29.6	2.8
% Living Independently	72.0	93.5
% Living w/Parent	21.3	.1
% Living w/Child	.2	1.7
% Living in Institution	1.1	1.4
% Living in Home for Aged	0	1.0
Mean # Persons in Household	3.1	1.9
% With a Disability	.7	10.0
Environmental		
% Interstate Migrants	14.9	17.6
% Migrants from Abroad	22.9	7.4
% In Mobile Homes	8.6	21.0
% In Single Family Dwellings	67.1	49.2
% In Condominiums	8.6	22.1
% In Rented Apartment	15.3	10.0

Characteristics of Canada-Born Floridians.

The characteristics of Canadian-born Floridians are profiles in Table 3.6. The Floridians look very much like native-born Canadians in general on demographic characteristics. The exceptions, when comparing Tables 3.5 and 3.6 are that the ones in Florida are more than twice as likely to have immigrated to the U.S. in the 5 years before the census and they are slightly more likely to speak a language other than English. As noted above, perhaps because more are recent immigrants, they are also somewhat less likely to have become naturalized citizens.

The socioeconomic differences tend to be more positive in the older than in the younger group in Florida, especially in the categories of education and home ownership. The older population can be expected to have lower incomes than the working-age population, but when they are compared in Table 3.4 to their counterparts nationally, they tend to be better educated and to hold their own economically.

There are few differences between younger and older Floridians born in Canada that were not seen in their national counterparts in Table 3.4. The differences that are interesting seem to lie in comparing the older ones with their national counterparts. In Florida, the older native-born Canadians were more likely to be married, to be living independently, and less likely to be living in the homes of others, or to be disabled, than they are nationally.

Among Canada-born Floridians, the rate of recent interstate and international mobility is considerably higher than among native-born Canadians nationally. Among the older native-born Canadians who live in Florida, three times as many live in mobile homes and over four times as many live in condominiums than do their age peers nationally.

A striking finding from this profile is that 18 percent of the older Canadians who lived in Florida in 1980 had lived in another state in 1975. Fewer than 9 percent of all older native-born Canadians in the U.S. had made interstate moves during the same period. It would seem that retired people who were born in Canada are being swept along with the rest of the current of retirement migration that moves from Northern states to Florida.

Elderly migrants to Florida, on average, tend to have more positive socioeconomic and relational characteristics than do Florida non-movers, and migrants to other states (Longino, et al., 1984). One would expect to find, then, that older migrating Canadians to Florida may also

be positively selected along the same lines. If this were so, it would help to explain the differences in older Canadian-born Floridians and older native-born Canadians in general.

With the issue of migration selectivity in mind, how would one describe the older native-born Canadians in Florida? They are similar to the national profile of their age group, except that they are somewhat more likely to be married and living independently; their socioeconomic status is somewhat more elevated, though not a lot; they are more mobile and more likely to live in mobile homes and condos than in the usual suburban single family home. Among the native-born Canadians, then, the ones who move to Florida are positively selected from among the pool of potential migrants.

Discussion

Why is it important to understand the nature of permanent migration from Canada to the United States, when one is also interested in the seasonal migration of Canadians to Florida? The answer lies in the fact that native-born Canadians in Florida may become part of the environment of the seasonal migrants. Canada-born Floridians may become members of the social networks of the seasonal residents while wintering in the Sunshine State. In fact, some of them may be relatives of those dual-community residents, relatives whose presence in Florida helps to encourage their entry into the seasonal migration streams in the first place.

Marshall and Longino (1988) found in a sample of anglophone Canadians in Florida that 2 percent of them had one or more children who lived permanently in Florida and who were located within 50 miles of their parent's wintering home. This seems like a small matter, but the story continues. Eight percent reported having at least one brother or sister who were permanent residents of Florida and who lived closer than 50 miles from the place of their seasonal residence. Finally, eight percent said that they had another relative, other than children and siblings, who lived year-round in Florida and near their wintering home. Depending upon the degree of overlap between these categories, from 8 to 20 percent of the Canadian snowbirds had family members living permanently in Florida and who were living close enough to be an important part of their social environment in Florida. The native-born Canadians who are permanent residents in the United States, and in Florida in particular,

may provide an important social cushion to the experience of seasonal migration, at least in the beginning, a nest, so to speak, for the snowbirds.

The interface between permanent and seasonal migrants is an interesting one and one worth exploring both empirically and conceptually. How do people decide to move?

Self-Selection

Just wanting to move is no guarantee that the move will take place. It may be too costly or too risky or the idea may not be congenial to all household members (Wiseman, 1980). To complicate things further, each community has its own special attractions and its own built-in inhibitors which, taken together, will tend to attract certain kinds of residents. Recent native-born Canadians of retirement age arriving in Florida from other states, for example, tend to be relatively young married couples living independently. Only a quarter of them are age 75 and over. These positive characteristics are even more exaggerated among the native-born Canadians recently moving to Florida from abroad. It is clear, at least by inference, that there is a sizeable flow of migrants from other states to Florida whose characteristics are blending with the native-born Canadians already living in the state to continually enrich and rejuvenate their population.

The characteristics of the older anglophone seasonal migrants to Florida are also positively selected (Tucker, et al., 1988). They tend to look a lot like the Canadian-born permanent residents of Florida. They are usually married and living independently with a comfortable income. Self-selection processes work both for permanent and seasonal migrants (Krout, 1983; Sullivan and Stevens, 1982). Those below a certain health and income threshold cannot easily make the trip, and they tend not to do so.

Selective Recruitment

In addition to the individual who makes the decision to move, the selective recruitment efforts of the community itself help to match migrants to environments. Think of the selective recruitment by planned retirement communities "for adults only." There are places in Florida to which thousands of winter visitors from Canada come. These communities are like Canadian villages. Some advertise heavily in Canada and seek to continually recruit new residents from there. The French and English languages tend to segregate Canadians into different communi-

ties as well. The language factor highlights the selectivity aspect of recruitment.

Network Recruitment

In addition to official recruiters, friends and family members make up a corps of informal recruiters in retirement settlements. A common pattern for retirement migration is the establishment of a visiting routine with other retired family members and friends, especially if the migrants live near a resort. Visits often prelude a move to the area, after which the chain of visits begin anew with a new host. Marshall and Longino (1988) found that even the Florida seasonal migrants receive numerous guests from Canada -- no doubt contributing to the recruitment of future snowbirds.

Network, like selective recruitment, is part of a filtering process which results in a general similarity of migrant backgrounds in each community. Network recruitment, however, has a greater long-term impact because it initiates and then maintains the migration streams from one place to another. Thus stream maintenance is called "chain migration."

It is impossible to determine the extent to which network recruitment is initiating and maintaining the seasonal migration flow from Canada to Florida. The contact with permanent resident family members by seasonal residents is certainly a suggestive finding. Another is the fact that the 70 percent of the retired snowbirds from Canada had friends who were permanent residents of Florida (Marshall and Longino, 1988). Half of them had six or more friends and nearly a fifth had eleven or more. Considering the fact that Florida has over seventy-thousand permanent residents who were born in Canada, and that such a high proportion of these residents tend to live in mobile homes and condominiums, the favored type of residence for seasonal migrants (Tucker et al., 1988), it is an easy speculation that many of the Florida friends mentioned by the Canadian winter visitors are also Canadians. The actual part that these friends play in the origin or maintenance of the recruitment process lies beyond our present research sight, but its existence is supported by the circumstantial evidence presented in this paper.

CHAPTER 4

HEALTH CARE UTILIZATION OF CANADIAN SNOWBIRDS: AN EXAMPLE OF STRATEGIC PLANNING*

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Introduction

The use of health care systems by elderly seasonal migrants is interesting to gerontologists, demographers and social service and health care planners because their age puts them in a higher health care risk category and because the extended time away from their usual health care system requires them to engage in strategic health care planning. This chapter focuses on the health care experience of a specific group of seasonal migrants: older Canadians who winter in Florida. The special features of this group serve an additional scientific interest, the comparative analysis of health care systems.

To the gerontologists, seasonal migrants are a mysterious group of unknown size that warrant further investigation about all aspects of their lives (Martin, et al., 1987). They are also a group frequently missed in health and social services need surveys simply because they are not home when the survey is conducted. Thus, Krout (1983: 297) reported that one of seven respondents in a non-metropolitan New York county

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Area Agency on Aging needs survey reported that they lived at another address for at least 2 months of the year. He identified these as seasonal migrants and reported that 77 percent migrated seasonally to the Southeast and another 10 percent to the Southwest. Seasonal migrants raise interesting questions about social networks and social supports in relation to geographical proximity (Marshall and Longino, 1988) and selection factors involved in migration such as ethnicity (Stoller, in press).

To the demographer, seasonal migration is a subtheme of traditional interests in migration behavior. When the U.S. Census Bureau reported their enumeration of persons who were living away from their permanent residence at the time of the 1980 census (primarily seasonal migration), half a million persons were identified as non-permanent residents of the localities in which they resided on census day (Hogan, 1987). Given the magnitude of this phenomenon, Hogan describes seasonal migration as a relatively ignored, though increasingly important phenomenon. Demographers wonder to what extent the same predictor model apply to permanent as to non-permanent migration (Hogan, 1987) and the extent to which seasonal migration is a precursor or early stage in a process of permanent migration (Wiseman, 1980).

Planners in the health and social services fields have good reasons to be interested in seasonal migration. The policy implication for service provision has been explored in several studies with respect to permanent and seasonal elderly migrants (Biggar, et al., 1980; Biggar, 1984; Hogan, 1987; Longino and Biggar, 1981; Monahan and Green, 1982; Tucker, Marshall, Longino and Mullins, 1988; Longino, 1987). Monahan and Green (1982), for example, state that short-term fluctuations in demand for services due to seasonal migration have been postulated to overload services in recipient communities. However, in their Tucson, Arizona study, they did not find evidence of such overload.

The opportunity to study international seasonal migration allows insight into many of these issues but, in addition, provides some insights into the health care delivery system. The Canadian seasonal migrants to Florida whom we have studied represent a distinct group of individuals who are in a position to use two health care systems, the Canadian and the Florida systems. In this paper, particular emphasis is given to the differential use of these systems by Canadian "snowbirds". Health care researchers and planners in Canada and the United States have long been interested in differences between the Canadian and U.S. health care systems (see, for example, Barer and Evans, 1986; Chappell, 1988;

Chappell, Strain and Blandford, 1986; Kane and Kane, 1985; Andreopoulos, ed., 1975; and Rathbone-McCuan and Havens, 1988). Canadian seasonal migrants may be viewed, in a sense, as privileged informants able to report from experience on both systems.

Health Status

On the whole, reiterating Tucker's discussion in Chapter 2, these Canadian "snowbirds" were quite healthy. Data for a number of health indicators are shown separately for males and females in two age groups, in Table 4.1. This analysis was based on the 2,046 respondents who were aged 65 or older. The demographic characteristics of this subgroup aside from age, are similar to those of the population as a whole. Respondents were asked to describe their state of health "compared to other persons their age".

Table 4.1
Self-Reported Health Status By Gender and Age.*

	Males		Females	
Variable	65-74 Percent	75 + Percent	65-74 Percent	75 + Percent
Health				
Excellent or Good	84	84	88	77
Fair or Poor	16	16	12	23
Has Condition				
Yes	43	48	45	59
Sick Days				
Any	11	6	11	11
Bed Days				
Any	6	7	8	10
N	932	374	560	169

* Chi squares were significant (at $p < .05$) for women on health and conditions, and for men on sick days. The N's vary slightly between comparisons.

Table 4.2.
Medical Conditions By Age.

Has the Condition	Age 65-74 Percent	Age 75 + Percent
Arthritis/Rheumatism	34	34
High Blood Pressure	29	30
Limb/Joint Problems	16	17
Heart Disease	16	21*
Hearing Problems	12	18*
Sight Problems	9	18*
Mental Health Problems	1	1
Cancer	3	4
Digestive Disorders	10	10
Dental Problems	6	5
Diabetes	7	6
Bronchitis, Emphysema or Asthma	8	11
N	1489	542

* p<.05 in Chi square differences between the two age groupings.

The majority of respondents, whether male or female, reported "good health". For women, older age was associated with greater reports of poor health status. They were asked, "Is there any physical condition, illness or health problem that bothers you now?" Men and women were roughly comparable, with about half the respondents of each sex reporting such a condition. These two indicators are very general and could refer to acute or chronic conditions or both. On a summary measure, 23 percent reported no conditions, 32 percent reported one condition and 45 percent reported having two or more medical conditions.

The respondents also were asked about any activity limitations due to health, probing for any inability to carry out normal activity and for sickness days in bed. Only about one in ten respondents, regardless of age or sex, reported any sickness days, and slightly fewer reported any bed days.

In summary, the self-reported health status of these warm weather Canadians was generally good but variable. Gender differences were

not apparent in this sample; thus gender was excluded from any subsequent analysis. Age, however, was associated with an increased likelihood of reporting poor health. The utilization data which are the major focus of this paper must, therefore, be seen against the context of overall levels of generally positive health status.

Additional information on health status concerns specific health conditions reported by the respondents. They were asked about twelve specific medical conditions, which are listed in Table 4.2, controlling for age.

About one-third reported problems with arthritis or rheumatism, and 30 percent reported hypertension. These were the most commonly reported conditions, followed by limb and joint, and hearing and vision problems. Few of these specific conditions were correlated with age: older respondents were more likely to report vision, hearing and heart problems.

The measurement in this study is not strictly comparable to that employed in the Arizona (Sullivan and Stevens, 1982) and Texas (Martin, et al., 1987) studies of seasonal migrants, but it does appear that the respondents were somewhat more likely to report specific conditions than were these two groups of migrants. However, insofar as comparisons can be made to data collected in the United States in the 1982 National Long-Term Care Survey, these Canadians seem to be healthier than the average U.S. citizen (Longino and Warheit, 1988). The categorizations are not always the same. As two examples, in the age group 65-74 just 7 percent of the seasonal migrants but 10 percent of Americans reported having diabetes, while 3 percent of the Canadians, compared to 6 percent of the Americans reported cancer (cf. Walker, 1987: 44-45). While percentage differences were small, the risk of Americans reporting diabetes was 1.4 times that reported by the seasonal migrants, and the risk of reporting cancer was twice as high among Americans than among these seasonal migrants.

To summarize, the seasonal migrants in our study were generally in good health but there was some age-related decrements in health status.

Health Service Use

We were interested both in the degree of integration with the Canadian and Florida health care systems and in the actual use of these two systems. Concerning integration with the systems, respondents were asked if they had a "regular relationship" with ten types of health

Table 4.3.
Relationship With Health Professional in Canada and Florida For Males and Females Ages 65+.

Type of Professional	Percentage Reporting Relationship				
	Canada Only	Florida Only	Both	Neither	N
Family Doctor	62	1	32	5	2030
Specialist	34	2	12	52	2032
Chiropractor	10	1	3	87	2031
Visiting Nurse	1	.5	.5	98	2031
Dentist	50	2	13	35	2032
Podiatrist/Chiropodist	5	1	1	93	2031
Physical Therapist	3	.5	.5	96	2031
Nutritionist/Dietician	1	.5	.5	98	2031
Pharmacist	42	1	10	47	2032
Other Health Professional	4	.5	.5	95	2030

professionals, either in Canada, in Florida, or in both countries. These data appear in Table 4.3.

Since these respondents are Canadians and, on average, spend just over 6 months in Canada each year, it was not surprising that they were well integrated with the Canadian health care system. Fully 94 percent had a Canadian doctor and almost half had a regular relationship with a specialist. Almost two-thirds had a Canadian dentist and half had a regular relationship with a pharmacist.

On the other hand, the proportion having regular relationships with a Florida health practitioner was much lower. This fact should be viewed in the context that the typical respondent spent five months in Florida each year, owned their Florida accommodation and was in a stable pattern of seasonal migration which had a duration of seven years. Yet only one-third had a family doctor in Florida, and 14 percent had a regular relationship with a specialist. A similar proportion, 15 percent, had a Florida dentist and just 11 percent had a regular relationship with a pharmacist in Florida.

The other health professional relationships were reported by few respondents as occurring either in Canada, Florida, or both countries. In

each instance, respondents were most likely to have had a relationship with the professional in Canada and least likely to have had such a relationship solely in the United States.

Turning to health services use, the indicators were based on a two week recall. Persons were asked, "During the past 14 days, did you visit or phone a relative/friend, nurse, family doctor, specialist or other health professional concerning a problem with your health?" They also were asked about such contacts both in Canada and Florida. Where Canadian contacts were reported, this could be by telephone or it might refer to contacts prior to the present seasonal migration to Florida or to return visits to Canada for health reasons. Table 4.4 shows the percentage of respondents reporting such visits. The total figures as well as data for the two age groups are shown because the pattern differs from expectations for general aged populations. Among seasonal migrants, but not in general population, no differences in use were found.

Table 4.4.
Consultations Concerning Health Problems By Age

Consultation with	In Florida			In Canada		
	No %	Visit %	Phone %	No %	Visit %	Phone %
Relative	97	1	2	98	--	2
Nurse	98	1	2	100	--	--
Family Doctor	92	7	1	98	--	--
Specialist	95	4	1	99	1	--
Other Health Prof.	97	2	1	100	--	--

Note: The N's vary between 2030 and 2032 due to missing cases.

The major finding was that few consultations occur, whether in Canada or Florida, with relatives or friends, nurses, family doctors, specialists or other health professionals. Additionally, there was no difference when comparing the two age groups. Quite naturally, consultations with health professionals in Florida were more likely to be through personal visits, whereas consultations with family doctors in Canada were equally split between visits and telephone consultations. Consulta-

tions with Canadian specialists, however, made by 1 percent of our respondents, were all made through personal visits. In summary, most Canadian seasonal migrants did not see doctors or other health professionals in Florida. Nonetheless, with 7 percent seeing a family doctor within the previous two weeks, and 4 percent seeing a specialist, their utilization was not trivial. Additional information on the extent of health care use was provided through data on billings made for health care during the current seasonal visit.

All Canadians who retain residency status in Canada can be enrolled in a provincial health plan under the Canadian Medicare System. Medicare in Canada is a reimbursement system organized provincially but meeting standards set by the federal government. These standards are designed to guarantee access to both physician and hospital care at specified rates of reimbursement to physicians and hospitals. Although supplementary service coverage for items (such as drugs, prosthetics, chiropractic services, nome care and the like) varies provincially, and some provinces require "insurance" payments in addition to tax provisions to maintain this reimbursement system, in no province are persons aged 65 or older required to make insurance payments. From the point of view of the consumer, then, there are no fees for physician or hospital care.

When in Canada, people are probably not even aware of the costs of care received, since they are never billed for physician or hospital care. Rather, the governmental agency is billed. Coverage extends to those outside Canada if they retain eligibility by residency. This is the reason, as we discuss below, that many seasonal migrants restrict the duration of their winter migration to Florida. When costs are incurred outside Canada, however, reimbursement is made from the governmental plan only to the levels set in Canada. These are generally lower than U.S. rates. Moreover, it is usually necessary to immediately pay the physician or hospital bill and then seek reimbursement from the Canadian health insurance plan. We, therefore, asked respondents about services billed to a Canadian governmental plan and to private plans for both doctor and health services, and we asked about out-of-pocket expenses for physician and hospital care for drugs.

The survey was mailed in February, so that the typical respondent had been in Florida 3-4 months. Some, however, had been there for shorter lengths of time. Regardless of the length of stay, 8 percent of respondents had billed a Canadian governmental plan for hospital care, and 19

percent had billed for care by a doctor. Because these respondents had not as yet completed their seasonal visits, these figures represent marginally conservative estimates of the proportion of seasonal migrants who might be expected to consume hospital and physician services on at least one occasion. Almost as many respondents (7 and 14 percent respectively) had billed Blue Cross or a similar private health insurance plan for hospital or physician costs. Typically, these billings would be for the amount not recoverable from the Canadian governmental plans due to restrictions of the Canadian fee schedules.

In addition, 3 percent of the seasonal migrants had incurred out-of-pocket expenses for hospital care not recoverable, 8 percent had done so for physician care, and 9 percent for prescription drugs. While there were no age differences in the percentage reporting out-of-pocket costs for hospital care, there were differences by age in the amount of these costs. Of those respondents aged 65-74 who reported such costs, the median amount was $87, with a maximum of $1305; by contrast, respondents aged 75 or older reported median amounts of $130, with a maximum of $7,000. Conversely, median out-of-pocket costs for physician care were greater in the younger age category ($69.5) than in the older age category ($55). Median costs for prescription drugs were $25 and $20 for these two age groups.

Medical emergencies experienced by the respondents were an additional indicator of state of health. This also indicated usage. Respondents were asked if they had had a medical emergency requiring a doctor or hospital care this trip to Florida, and then asked about an emergency in a previous trip. We also asked if respondents had returned to Canada during this seasonal migration to obtain health care, and if they planned to do so.

Of the respondents, 14 percent reported a medical emergency this trip and 41 percent reported such an emergency on a previous trip. While the likelihood of experiencing such an emergency on the current trip did not vary by age, older respondents were more likely to report ever having had such an emergency. Worthy of note is that almost one-third (31 percent) of those who did have a medical emergency returned unexpectedly to Canada to obtain their health care. This is a notable phenomenon, given the great distance travelled by someone whose health is compromised.

Most respondents, however, did not have medical emergencies and so a great majority (95 percent) of respondents said they had not returned to Canada for health care during this trip, and similarly, few said they

planned to return for health care before the end of this seasonal migration.

Strategic Behavior

We have suggested that Canadian seasonal migrants to Florida present an unusual opportunity to canvass opinions about two health care systems with a group of "privileged informants" experienced in both systems. The evidence suggests that these respondents preferred to use the Canadian health care system, even though they had spent almost half their time in Florida for a period of several years. This preference was evident in responses to six questions about precautionary behavior, as shown in Table 4.5 Almost all seasonal migrants preceded their trip with a visit to their Canadian family doctor.

Perhaps because of Canadian drug-benefit plans (such as the Ontario PARCOST plan), which provide free or low cost drugs to seniors, they were likely to fill prescriptions and stock up on medications prior to leaving Canada. The vast majority took out health insurance for Canadians traveling abroad, in order to cover any differential between Canadian medicare reimbursement levels and Florida costs, and also to facilitate payment in the event of an emergency. Less frequently, but still quite often, instructions were given to relatives about what to do in the event of a medical emergency, and travel arrangements (such as the purchase of "open" return tickets) were made so as to make sudden return visits to Canada easier.

These behaviors suggest a sensitivity to health concerns in this population. This sensitivity increases with age, in relation to decreased health status. We examined precautionary behavior in relation to the health status indicators discussed earlier in this paper. Dichotomizing self-reported health as excellent or good versus fair or poor, we found those with poorer health more likely to report precautionary behavior on four of the five items (the exception being taking out health insurance). Two of the precautionary behaviors, obtaining a physician check-up and filling prescriptions, were significantly associated with reporting a "health problem that bothers you now". Precautionary behavior was unrelated to reports of sick days and bed days in the past two weeks. The number of medical conditions reported, however, was associated with obtaining a physician check-up, filling prescriptions and making special travel arrangements in case of an emergency. The ultimate precautionary behavior is to cease seasonal migration when concern for health in-

Table 4.5.
Health Precautions By Age

Prior to leaving Canada for this visit to Florida, did you take any of the following health measures while in Canada?

Health Measure	Percent Yes 65-75	75+	All	Chi-Square & Gamma*
Visit your family doctor in Canada for a thorough check up.	85	90	86	=8.366** r=0.23213
Fill prescription for drugs you routinely take, to bring to Fla.	83	87	84	=4.843** r=0.16389
Take out health insurance for Canadians abroad.	84	84	84	=0.007 r=0.01067
Make special travel arrangements so that you might return home in case of medical emergency.	16	20	17	=3.126 r=0.11732
Give relatives instructions in case of a possible medical emergency.	32	39	34	=7.359** r=0.14309
Have your Canadian doctor arrange a referral to a Florida Doctor.	7	9	7	=2.097 r=0.1411
N	1491	539	2030	

*The degrees of freedom for each chi-square is 1.
**p<.05

creases, in order to decrease the financial risks of seeking care outside Canada and to remain where one feels most comfortable. This is explored further in the next chapter.

Coupled with the utilization data reviewed above, the health behavior of these seasonal migrants is strategic. By this we mean intentional behavior which is oriented to contingencies. For a variety of reasons, not the least of which is the fact that the costs of health care are completely covered in Canada, seasonal migrants expressed through their behavior a preference to use the Canadian health care system. They appeared to restrict their use of the Florida health care system as much as possible. This use bias toward the Canadian system occurred despite the fact that they lived almost half their lives in Florida.

Evidence that the behavior of the migrants is strategic was also illustrated by its relationship to socioeconomic status. Wealth provided flexibility which reduced the necessity to act strategically. As noted earlier, these persons were generally quite well-off in comparison to other Canadians in that age group. When the sample was divided into three groups based on reported total family income, statistically significant elevations in precautionary behavior were found with respect to: obtaining a medical checkup prior to the seasonal migration; making contingency travel arrangements; and giving instructions to friends or relatives concerning a medical emergency. While the strength of these relationships was not great, this should be interpreted in light of the high frequency of precautionary behavior throughout the sample. Overlying the general pattern of taking precautions, those who could suffer the most financially through health misadventures showed evidence of a more strategic approach to the use of the health care systems.

Attitudes Toward Health Care in Florida and in Canada

Costs were one of several reasons affecting utilization. Respondents were asked if they had delayed or not sought health care. Worries about costs were an important cause of delay, (expressed by 22 percent with respect to costs of seeing a doctor and by 27 percent with respect to costs of hospital care). However, these were not the most important deterrents to utilization. Almost half of the respondents (46 percent) said they had delayed or avoided seeking health care in Florida because they "feel more comfortable" getting health care in Canada. Worries about the quality of health care in Florida did not seem to play an important deterrent role. While 11 percent said such worries acted as deterrent,

unfortunately no inquires were made about the perceived quality of Canadian health care. It is unlikely that the evaluation of Canadian health care would have been more positive.

Only one of these expressed views was affected by age differences. Respondents aged 65-74 were more likely (13 percent vs 8 percent) than older respondents to say they worried about the quality of care in Florida.

Income differences were important in relation to these attitudes toward the Florida and Canadian systems. Those with lower incomes were more likely to acknowledge a deterrent effect with respect to worries about doctor costs and hospital costs, but lower income was also associated with greater deterrence due to worries about quality of care, feelings of comfort and even lack of security, although the effect is minor, about where to find health care services. These data are shown in Table 4.6.

Discussion

These older Canadian seasonal migrants were users of two health care systems. They were generally in good health, which may be due to selection into and out of the seasonal migration stream. Those who elect to spend the winter in Florida may be healthier than their non-migratory counterparts, and those whose health is poor are likely to cease their winter sojourns to Florida. When they did need to use health care resources, they showed a distinct preference for the Canadian system. A great deal of this preference can be attributed to the high costs of securing health care in Florida, compared to what is in effect "no-cost" health care in Canada. Feelings of comfort with the Canadian health care system were another reason for preferring to use it, but it has been shown that these feelings were also sensitive to socioeconomic status. People felt more comfortable using a system they could afford.

We do not have evidence to make a judgment about the relative quality of health care in the two systems. If Canadians "vote with their feet" by returning to Canada to secure health care in emergencies, or by "stocking up" on health care through a pre-trip physician visit or pharmacy purchase, this is not likely to be based on quality of care issues, but rather on cost issues.

Gerontologists may be tempted to view seasonal migrants as a privileged elite enjoying the golden years in the land of sunshine. To some extent the data support such a picture. Canadian seasonal migrants seem on the whole more economically secure than their non-

Table 4.6.
Views of Florida and Canadian Health Care By Income.

People sometimes delay or avoid seeking health care. During this stay in Florida, have you...?

Reason for Delay	Percent Yes: less than $20,000	$20,000-$39,000	$40,000 or greater	Tau-C
I don't know where to find the health care I need in Florida	6	4	3	-0.0236*
I worry about the costs of seeing a doctor in Florida	28	23	14	-0.1059*
I worry about hospital costs in Florida	33	29	21	-0.0951*
I worry about the quality of medical care in Florida	13	12	9	-0.0324*
I feel more comfortable getting my health care in Canada	52	49	38	-0.1141*
N	478	918	532	

*p<.05

migrating age-peers. However, they are in a period of their lives when health concerns and worries are important, and in which the relationship between health and economic security is important.

These data should provide some comfort to those in American health policy circles. The flock of Canadian snowbirds in not likely to place exorbitant demands on the U.S. health care system. Rather, having enriched the host economy through their taxes and consumer behavior for a number of years, they continue to place few demands on the health care system. They pay their way and they leave when they reach the

stage at which their demands on the system might increase (Litwak and Longino, 1987).

From another perspective, however, American health and social policy analysts may be stimulated by these data to question the insecurities which must beset many older Americans. When the Canadians worry about their health, they become concerned and return to Canada where health concerns do not equate to economic concerns. Their American counterparts -- snowbirds from the northern states, but also average older Americans generally -- do not have anywhere to go where the economic aspects of health care will cease to be a threat to their general well-being. Canadians as a nation have made a commitment to health care as a right, accessible regardless of socioeconomic status. Without really intending to do so, they have removed a major potential threat to feelings of security among the aged.

Chapter 5

HEALTH CONCERNS AS A DETERRENT TO SEASONAL MIGRATION OF ELDERLY CANADIANS*

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Introduction

This chapter elaborates on the effects of health concerns on seasonal migration. Focusing on health concerns as a deterrent to seasonal migration, a comparison is made between those who do not plan to return because of health concerns as opposed to those planning to return to Florida the following year and those who plan not to return for reasons other than health. The issues examined include:

- Is there a difference in the general health of these three groups?
- Do specific medical conditions impact more than others to deter migration?
- Does a medical emergency in Florida influence plans to return?
- Do attitudes toward and expectations of the health care systems in each country influence decisions about seasonal migration?

As has been emphasized, most respondents spent the coldest winter

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months in Florida, arriving in November and returning to Canada in April, averaging a stay of 5 to 6 months in Florida per year. Despite their stable patterns of seasonal migration, a significant minority of respondents indicated they did not anticipate returning to Florida next year. The interest here is in the ways in which health status and related utilization act as deterrents to continued seasonal migration.

Decisions to Return to Florida

The respondents were asked if they anticipated returning to Florida on a continuing basis. The majority, 75 percent, reported yes (Table 5.1). However, 22 percent reported they were not sure and 3 percent reported definitely no. The group who responded "no" or "not sure" were asked why they planned not to return. Choices were given to the respondents, who could circle as many as needed. The choices were: 1. exchange rate; 2. other financial reasons; 3. health concerns; 4. health costs; 5. other and specify. Five percent (n=109) of the respondents identified health concerns as their reason, or one of their reasons, for non-continuance of seasonal migration. twenty percent (n=420) did not list health reasons, but gave other reasons why they anticipated not returning to Florida next year.

Table 5.1.
Decisions and Reasons to Return to Florida. (N=2713)

Variable	N	Percent
Anticipate Returning to Florida on Continuing Basis		
No	68	3
Not Sure	449	22
Yes	1517	75
Missing	697	
	2731	100.0
Reason For Not Returning		
Health	109	5
Other	420	20
Not Applicable	1517	75
Missing	685	
	2731	100.0

Analysis

For this analysis three groups of respondents were compared:

- those who planned not to return for health reasons;
- those who planned not to return for other reasons;
- and those who planned a return seasonal migration to Florida.

The analysis was necessarily restricted because data only concerned the respondent. It is likely that not only respondent characteristics but spousal characteristics (of the 88 percent of respondents who are married) affected seasonal migration intentions. For example, a health crisis in a spouse would probably provide equally powerful motivation to terminate seasonal migration as would a personal health crisis.

The three groups reflecting different migration intentions were similar in gender, marital status composition and socioeconomic status. Age, however, appeared to be one determining factor for not returning. Those who responded that they would not return for health concerns were older than the group who anticipated not returning for other reasons. These, in turn, were older than those who said they planned to continue seasonal migration. Thus, 43 percent of the group not returning because of health were aged 75+, but only 30 percent of the not returning for other reasons and 25 percent of the group who planned to return were that old. It is likely that this older group would have more health problems and concerns, especially when considering the ways in which health status affects travelling involved in seasonal migration. The data are given in Table 5.2

As seasonal migrants, health concerns influenced decisions and practicalities of life. Almost all respondents (99 percent) reported they were enrolled in a governmental medicare plan such as the Ontario Health Insurance Plan (O.H.I.P.) in Canada. Most are limited by government restrictions on allowable time outside Canada, which affects eligibility for coverage. Eligibility requires six months plus a day of Canadian residence. Fully 66 percent of the respondents indicated they cut back on the time spent in Florida in order to maintain eligibility. Not only do the snowbirds rely on governmental medicare insurance plans, but most take out private medical insurance to protect themselves during their stay in Florida. The average amount spent on such private medical insurance plans was $216 Canadian per visit. Very few Canadians in Florida, only 3 percent of our sample, reported being eligible for U.S. medicare coverage.

Table 5.2.
Migration Decision by Age of Respondent.

	Return to Florida					
	Not Returning Due to Health		Not Returning For Other Reasons		Will Return	
Variable	N	Percent	N	Percent	N	Percent
Age						
65-69	26	24	139	33	596	39
70-74	37	34	158	37	540	36
75-79	29	26	91	22	286	19
80 or more	17	16	32	8	95	6

A number of health indicators, described in Table 5.3, suggest that health was a major factor in decisions concerning seasonal migration. Respondents were asked to "describe their state of health...compared to other persons their age". The majority of respondents reported "good" health but the group not returning because of a health condition was least likely to report excellent or good health and by far the most likely to report their health as only fair or poor. Asked, "Is there any physical condition, illness or health problem that bothers you now?", those not returning because of a health condition were twice as likely than the other two comparison groups to report such a condition. These two indicators were very general and could refer to acute or chronic conditions or some mix of the two.

A series of questions was asked about the respondents' activity limitation due to health, probing for inability to carry out normal activity and sickness days in bed. One-third of those respondents who planned to terminate seasonal migration reported having days within the past two weeks when they were unable to carry out normal daily activities because of illness, but fewer than one in ten of those in the other groups did so. Finally, while few respondents reported that they stayed in bed at all during the past two weeks because of illness, those who said they were not returning to Florida the following year were much more likely to report

Table 5.3.
Migration Decisions By Self-Reported Health Status.

	Return to Florida						
	Not Returning Due to Health		Not Returning For Other Reasons		Will Return		
Variable	N	Percent	N	Percent	N	Percent	p<
Health Status, Compared to Others							
Excellent	7	7	137	33	504	33	.000
Good	52	48	224	54	793	53	
Fair	41	38	12	12	204	13	
Poor	8	7	3	1	8	1	
Health Problem That Bothers							
No	14	13	231	56	57	57	.000
Yes	92	87	179	44	43	43	
Days Ill, Last Two Weeks							
No	69	64	387	94	1367	91	.000
Yes	39	36	27	6	143	9	
Days in Bed, Last Two Weeks							
None	89	82	393	95	1410	93	.000
Any	20	18	21	5	104	7	

bed days than those who did intend to return. In this instance, however, those giving health reasons were no more likely than those giving other reasons to report bed days.

Having seen that self-reported health status affects respondents' seasonal migration intentions, the focus shifts to several indicators of utilization of the health care system, shown in Table 5.4. Respondents were asked if they had a regular relationship with several types of health professionals, either in Canada, in Florida, or in both countries. Combining Canada and Florida, it was expected that the extent of involvement in health care relationships would be higher for respondents who intended to return to Canada because of health reasons. Of ten possible health relationships, a significant difference between the three groups was not found in the case of seven: family doctor, chiropractor, dentist, podiatrist/chiropodist, physiotherapist, nutritionist and "other health professional". Significant differences were found for three types of relationships: spe-

Table 5.4.
Relationship With Health Professional.*

Relationship With Type of Professional	Return to Florida: Not Returning Due to Health N	Percent	Not Returning For Other Reasons N	Percent	Will Return N	Percent	p<
Family Doctor							
No	7	6	15	4	78	5	NS
Yes	94	94	96	96	95	95	
Specialist							
No	38	35	219	53	796	53	.002
Yes	71	65	194	47	714	47	
Chiropractor							
No	95	87	365	88	1298	86	NS
Yes	14	13	48	12	211	14	
Visiting Nurse							
No	103	95	409	99	1488	99	.002
Yes	6	5	4	1	21	1	
Dentist							
No	46	42	150	36	514	34	NS
Yes	63	58	263	64	996	66	
Podiatrist/Chiropodist							
No	101	93	392	95	1401	93	NS
Yes	8	7	21	5	108	7	
Physiotherapist							
No	102	94	398	96	1457	97	NS
Yes	7	6	15	4	52	3	
Nutritionist Dietician							
No	104	95	405	98	1482	98	NS
Yes	5	5	8	2	27	2	
Pharmacist							
No	38	35	197	48	731	48	.03
Yes	71	65	216	52	779	52	
Other Health Professional							
No	99	91	394	95	1435	95	NS
Yes	10	9	19	5	73	5	

*Table reports any relationship in either counting.

cialist, visiting nurse and pharmacist. While not quite half the respondents in the two comparison groups reported a relationship with a specialist, two-thirds of those intending to terminate seasonal migration because of health reasons did so. The same pattern existed with respect to relationship with a pharmacist. About two-thirds of the group not returning for health reasons, but half of the other two groups, reported a regular relationship with a pharmacist.

While a similar, and statistically significant pattern was found with respect to visiting nurses, the numbers were small. Just 5 percent of those planning to cease migration for health reasons reported a regular relationship with a visiting nurse and just 1 percent in each of the other two groups did so. The small number of respondents in any group who reported a relationship in some categories prevents definite conclusions from being drawn. The same pattern, for those planning to cease seasonal migration to be more likely to report a relationship, was found for physiotherapists, nutritionist/dietitian and "other health professional", but since the proportion in the largest comparison group never exceeded 10 percent, no statistically significant relationships were found.

Given the age of these respondents, it is not surprising to find them well connected with health care providers, especially family physicians and specialists. Against this background, there is nonetheless a further tendency for those who expressed a desire to cease seasonal migration for health reasons to be more likely to report relationships with doctors and other health care professionals.

A more specific indicator of health status was how frequently respondents had contacted someone about a health concern. Respondents were asked, "During the past 14 days, did you visit or phone a relative/friend, nurse, family doctor, specialist or other health professional concerning a problem with your health?" Respondents identified if they contacted any of these people in Canada or Florida. Contact with Canadian sources could have been in person prior to the present seasonal migration, on a return visit to Canada during a seasonal migration, or by telephone. However, the analysis combined the two indicators to form summary measures of contact regardless of location.

The pattern, shown in Table 5.5 was similar to that described for relationships with health professionals. There were significant differences between the three comparison groups in phone calls or visits to relatives or friends, to family doctors and to specialists. The most frequent health contact was with family doctors, with 30 percent of those

Table 5.5.
Consultations by Visit or Phone in Last Two Weeks

	Return to Florida						
	Not Returning Due to Health		Not Returning For Other Reasons		Will Return		
Consultation With	N	Percent	N	Percent	N	Percent	p<
Relative or Friend							
Neither Phone/Visit	93	86	402	97	1466	97	.000
Phone/Visit	15	14	11	3	44	3	
Nurse							
Neither Phone/Visit	105	96	405	98	1492	99	NS
Phone/Visit	9	4	8	2	15	1	
Family Doctor							
Neither Phone/Visit	76	70	377	92	1390	92	.000
Phone/Visit	33	30	35	8	120	8	
Specialist							
Neither Phone/Visit	90	83	385	93	1492	95	.000
Phone/Visit	19	17	28	7	81	5	
Other Health Professional							
Neither Phone/Visit	95	400	97	1471	97	NS	
Phone/Visit	5	5	13	3	13	3	

in the group wishing to cease migration for health reasons reporting such contact, compared to 8 percent in each of the other two groups.

In general, respondents planning to cease migration because of a health condition were not as healthy as the group not returning for other reasons and the group planning to return to Florida next year. Further inquiry as to whether individuals had any of twelve specific medical conditions, which are listed in Table 5.6. While the measurement was not completely comparable, it appears that these respondents were somewhat more likely to report specific conditions than were "snowbirds" studied in Arizona and Texas (Sullivan and Stevens, 1982; Martin et al., 1987).

In any event, those planning to cease migration for health reasons experienced more medical problems than did respondents in the other two groups. Significant differences between the three groups were found with six of the twelve medical conditions: limb and joint problems, heart disease, hearing problems, cancer, digestive disorders and respiratory disorders. Trends to a higher incidence of problems in the group

Table 5.6.
Decision to Return by Medical Condition

	Return To Florida						
	Will Not Return Due to Health		Will Not Return Due to Other		Will Return		
Has Condition	N	Percent	N	Percent	N	Percent	p<
Arthritis/Rheumatism							
No	64	59	266	65	1016	67	NS
Yes	44	41	145	35	495	33	
High Blood Pressure							
No	68	62	302	74	1058	70	NS
Yes	41	38	109	26	453	30	
Limb/Joint Problems							
No	77	71	344	84	1278	85	.001
Yes	32	29	67	16	233	15	
Heart Disease							
No	77	71	348	85	1249	83	.003
Yes	32	29	63	15	262	17	
Hearing Problems							
No	85	78	357	87	1313	87	.04
Yes	24	22	54	13	198	13	
Sight Problems							
No	93	85	359	87	1351	89	NS
Yes	16	15	52	13	160	11	
Mental Health Problems							
No	107	98	408	99	1503	99	NS
Yes	2	2	3	1	8	1	
Cancer							
No	102	94	404	98	1465	97	.04
Yes	7	6	7	2	46	3	
Digestive Disorders							
No	90	83	366	89	1379	91	.008
Yes	19	17	45	11	132	9	
Dental Problems							
No	104	95	390	95	1426	94	NS
Yes	5	5	21	5	86	6	
Diabetes							
No	98	90	383	93	1417	94	NS
Yes	11	10	28	7	95	6	
Bronchitis, Emphysema, or Asthma							
No	87	80	365	89	1403	93	.00

ceasing seasonal migration were found for arthritis/rheumatism and high blood pressure. Compared to the conditions where no differences or trends were found (high blood pressure, sight problems, mental health problems, dental problems and diabetes), these conditions were more likely to create difficulties for respondents to travel and be without medical

Table 5.7.
Decision To Return By Health Costs Incurred.

	Return to Florida						
	Will Not Return Due to Health		Will Not Return Due to Other		Will Return		
Type of Health Problem	N	Percent	N	Percent	N	Percent	p<
Canadian Government for Hospital Costs							
No	86	78	377	91	1400	93	.000
Yes	23	21	37	9	110	7	
Canadian Government for Doctor Costs							
No	68	62	339	82	1241	82	.000
Yes	41	38	75	18	268	18	
Blue Cross or Other Private Plan for Hospital Costs							
No	94	86	338	94	1416	93	.01
Yes	15	14	26	6	93	6	
Blue Cross or Other Private Plan for Doctor Costs							
No	79	73	355	86	1313	87	.001
Yes	30	27	59	14	197	13	
Out-of-Pocket for Hospital Costs							
No	97	89	404	97	1497	98	.000
Yes	12	11	11	3	31	2	
Out-of-Pocket for Doctor Costs							
No	92	84	383	92	1392	92	.02
Yes	17	16	32	8	118	8	
Out-of-Pocket for Prescription Drugs							
No	90	83	382	92	1381	91	.02
Yes	19	17	33	8	129	9	

treatment or help from others. It is not surprising that these respondents had decided not to return or were not sure whether they should return to Florida another season.

Questions asked about costs of medical services during the current trip to Florida provide indirect indicators of the respondents' health condition. Regarding services being billed to a Canadian governmental plan and to private plans for both doctor and health services, questions were about out-of-pocket expenses for physician and hospital care and for drugs. As Table 5.7 shows, the group expecting to cease seasonal migration for health reasons was more likely to report having incurred costs on all of these indicators -- at a percentage at least twice that of either of the other two comparison groups.

Table 5.8.
Decision To Return By Medical Emergencies Experienced.

	Return to Florida						
	Will Not Return Due to Health		Will Not Return Due to Other		Will Return		
Medical Emergency	N	Percent	N	Percent	N	Percent	p<
Had a Medical Emergency This Trip to Florida							
No	70	65	343	83	1320	88	.000
Yes	37	35	68	17	174	12	
Had a Medical Emergency Previous Trip to Florida							
No	48	44	247	61	881	60	.02
Yes	60	56	157	39	590	40	
Had Medical Emergency Requiring Return to Canada							
No	24	80	32	73	88	65	NS
Yes	6	20	12	27	48	35	

The actual costs, however, were not uniformly higher for the non-returning for health reasons group. Considering all respondents, those who paid out-of-pocket spent an average of $218 for hospital care, for doctors costs an average of $125, and for prescription drugs an average of $52 on this current trip to Florida. The group which planned to cease seasonal migration did not report the highest median costs for hospital care but it did for physician care and prescriptions.

Medical emergencies experienced by the respondents were also an important indicator of state of health. Respondents were asked if they had had a medical emergency requiring a doctor or hospital care this trip to Florida, then were asked about an emergency in a previous trip. These data appear in Table 5.8. In the total sample, the great majority (86 percent) of the respondents reported no medical emergency this trip and 59 percent reported no emergency in other trips. In both cases, however, significant differences were found between the three groups. Those who planned to discontinue seasonal migration for health reasons were significantly more likely to have had a medical emergency during the present trip, and also during previous trips, than those who planned not to return for other reasons and those who planned to continue their yearly migration.

Respondents were also asked if they had returned or would return to Canada during their time in Florida to obtain health care. As seen in Table 5.9, although a majority of the respondents said "no", those not returning for health reasons were more likely to report such behavior.

It is clear that, on a wide range of health status and health behavior indicators, those who viewed themselves as currently on their final seasonal migration to Florida were less healthy and were more actively concerned with health status.

Table 5.9.
Decision To Return By Health Care Returns To Canada

	Return to Florida						
	Will Not Return Due to Health		Will Not Return Due to Other		Will Return		
Variable	N	Percent	N	Percent	N	Percent	p<
Have, or Will, Return to Canada for Health Care During Current Visit							
No	98	90	392	96	1438	95	.03
Yes	11	10	18	4	67		

Additional insight into the concern for health among such individuals was found by examining the health precautions taken by these seasonal migrants. These results were shown in Table 5.10. When asked about six precautionary measures which might be taken prior to heading south for the winter it was found that such behavior was very high on three of the six indicators. Almost all seasonal migrants preceded their trip by what one respondent referred to as a "major tune-up" with a family doctor in Canada. Perhaps because of Canadian drug-benefits programs, they were likely to fill prescriptions and stock up on medications. Additionally, the vast majority secured health insurance for Canadians abroad. Less frequently, instructions were given to relatives about what to do in the event of a medical emergency and travel arrangements were made so as to make an emergency return visit easier (such as open tickets). On four of the six measures of health precautions, significant differences were found which indicate greater precautions had been being taken by those who planned to cease seasonal migration. The same tendency was found with respect to the other two indicators.

The final set of issues explored in relation to deterrence to seasonal migration concerns attitudes toward the Florida health care system. While such attitudes do appear to influence decisions to cease migration, as shown in Table 5.11, it should be stressed that the data do not suggest a high degree of dissatisfaction with health care in Florida. Most seasonal migrants knew where to get care if they needed it, and the majority did not express worries about the costs of seeing a doctor or even of hospital care. Only a small minority worried about the quality of medical care in Florida. Even though theirs was quite a high level of apparent approval of Florida health care on each of these factors, the attitude toward care in Florida was significantly less positive for those who had decided not to return, and more positive for those who plan to continue seasonal migration. For those people with a serious health condition who were unsure or hesitant about the quality of medical care and health care costs were more likely to remain where they feel most comfortable and secure. Those who planned to cease seasonal migration were most likely to say they felt more comfortable getting health care in Canada.

In addition to the above indicators, the respondents were asked how satisfied they were with the ability to obtain health care needed to deal with any medical emergency in Florida. Satisfaction was high in all three groups, with less than 10 percent of any group reporting dissatisfaction. There were no significant differences between groups.

Table 5.10.
Decision To Return By Health Precautions.

	Return to Florida						
	Will Not Return Due to Health		Will Not Return Due to Other		Will Return		
While In Canada	N	Percent	N	Percent	N	Percent	p<
Visit Family Doctor							
No	6	5	58	14	216	14	.04
Yes	103	95	356	86	1291	86	
Fill Prescriptions for Drugs							
No	6	5	66	16	250	16	.01
Yes	103	95	348	84	1257	84	
Take Out Health Insurance for Canadians Abroad							
No	14	13	68	16	250	17	NS
Yes	95	87	346	84	1257	83	
Make Special Travel Arrangements for Emergency Return							
No	79	72	329	79	1271	84	.001
Yes	30	28	85	21	236	16	
Give Relatives Emergency Instructions							
No	59	54	252	61	1030	68	.001
Yes	50	46	162	39	477	32	
Have Canadian Doctor Make Referral to Florida Doctor							
No	96	88	358	93	1402	93	NS
Yes	13	12	29	7	105	7	

Discussion

The seasonal migrants in our study were, by their own accounts, generally in good health. The majority of them had been migrating for several years, owned their homes in Florida as well as in Canada, and had stable patterns of seasonal migration. It is a matter of some policy interest to examine the factors which lead to cessation of the "Snowbird"

Table 5.11.
Decision To Return By Reasons For Delay In Seeking Health Care.

	Return to Florida						
	Will Not Return Due to Health		Will Not Return Due to Other		Will Return		
Reason for Delay	N	Percent	N	Percent	N	Percent	p<
Do Not Know Where To Find Health Care In Florida							
No	97	89	399	97	1440	96	.001
Yes	12	11	12	3	62	4	
Worry About Costs Of Doctor In Florida							
No	69	69	304	74	1214	81	.000
Yes	40	37	107	26	288	19	
Worry About Hospital Costs In Florida							
No	60	55	282	69	1137	76	.000
Yes	49	45	129	31	365	24	
Worry About Quality of Medical Care In Florida							
No	89	82	349	85	1355	90	.000
Yes	19	18	62	15	146	10	
More Comfortable Obtaining Health Care In Canada							
No	47	43	200	49	843	56	.002
Yes	62	57	211	51	659	44	

migration pattern. As Longino and Biggar (1981: 287;) have pointed out, older migrants can be viewed as having a positive impact on the economy of the host environment through home purchase and consumer behavior while, simultaneously, placing few demands on public service institutions. Hogan (1987: 130), and Monahan and Greene (1982: 162), however, have observed that permanent and seasonal migrants do apply substantial pressure on hospitals and other community facilities. The Canadian seasonal migrants in our study did not, however, make extensive use of hospitals or other health care facilities as discussed in Chapter 5. If strong demands on the health care system are to be made

by these migrants, they will more likely be made on the Canadian health care system rather than the U.S. health care system.

Returning to the research questions stated earlier, it has been found that there is a difference in health status between seasonal migrants who anticipated cessation of migration for health reasons, those who anticipated cessation for other reasons and those who anticipated continuing seasonal migration. Those who did not plan return visits to Florida reported worse health on a number of indicators. The specific problems most strongly associated with deterrence to continuing migration were health problems such as cancer; joint disorders; having had previously experienced a medical emergency; and having incurred greater health care costs. Moreover, attitudes toward the Florida health care system, while high, do vary; and a less sanguine view of that system is associated with increased deterrence to seasonal migration.

A limitation of the measurement strategy in this study is that questions about health were asked only for the respondent's own health, and not that of their spouse. The health condition deterrent therefore, may be that of the spouse; "own health" reports may not indicate a health need for cessation of migration. In this sense the conclusion that health concerns are a deterrent to seasonal migration of the elderly is a conservative one.

Chapter 6

AN EXAMINATION OF LONELINESS AMONG ELDERLY CANADIAN SEASONAL MIGRANTS IN FLORIDA*

*Larry C. Mullins***

Introduction

This chapter examines the loneliness and isolation experienced by older Canadians who have voluntarily disrupted their living arrangements in their country of origin to reside in another country, for variable periods of time, i.e., the United States and specifically, the State of Florida. Specifically examined were:

1) A descriptive examination of variables that indicated the social and emotional condition of these older canadians; AND
2) The relationship between these variables and the expression of loneliness.

Loneliness is an experience that has attracted increasing attention among theoreticians and researchers in their study of the elderly (Andersson, 1984; Andersson, Mullins, and Johnson, 1987; Berg, Mellstrom, Persson, and Svanborg, 1981; Johnson and Mullins, 1987; Peplau, Miceli, and Morash, 1982; Mullins, Johnson, and Andersson, 1987; Revenson and Johnson, 1984; Stephen and Bernstein, 1984).

Although space constraints do not allow for a complete review of the growing literature on loneliness, (Hartog, Audy, and Cohen, 1980; Peplau and Perlman, 1982) some understanding of how loneliness has been viewed is necessary to identify the basic issues involved in relating the subjective experience of loneliness to the objective experience of having contact with family and friends. Frequently, the terms "loneliness"

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and "alone" are used interchangeably as if they refer to the same experience or situation. Certainly, this is not the case. A number of authors, e.g., Lowenthal and Robinson (1976), have made a case for understanding loneliness as distinct from being alone. Berg et al., (1981) stated: "Living alone does not always mean suffering from loneliness" (p. 342). Townsend (1968) insisted that "many isolated people do not feel lonely and some integrated people do feel lonely; isolation and loneliness are not coincident" (p. 273). Larsen, Zuzanek, and Mannell (1985) indicated that "the absence of others (is) not a negative condition...solitude (is) clearly not a condition of unmanageable loneliness or misanthrope" (p. 380). Peplau and Perlman (1982) in their seminal discussion of loneliness have indicated at least twelve definitions of loneliness. Loneliness, in short, does not have a straightforward definition and certainly should not be equated with being alone.

As a way of simplifying the conceptual issue, Weiss (1982) presented a definition in which loneliness can be viewed in essentially two ways, i.e., as social isolation (aloneness) or as emotional isolation (loneliness). Other more specific definitions, reflecting differing theoretical orientations, generally can be considered in light of one or the other of these forms of loneliness.

Social Isolation

The conceptualization of loneliness as social isolation has been related to a person's perceived isolation from those around him. Reisman, (1973) stated that social isolation is "the consequence of lacking a network of involvement with peers of some sort, be they fellow workers, kinfolk, neighbors,...or friends" (p. ix). Lopata (1969), in an early sociological explication, discussed loneliness as a sentiment felt by a person whose experience level or form of interaction is defined as inadequate. Andersson (1986) defined social isolation as the experienced lack of relatedness to the social environment. In general, social isolation reflects a deficit in the quantity or quality of one's social life.

Emotional Isolation

Emotional isolation, different from social isolation, has been viewed as resulting "from the loss or lack of a truly intimate tie (usually with spouse, lover, parent, or child)" (Reisman, 1973). Others have contended that loneliness is a psychological state characterized by marked feelings of loss, distress, separation, and isolation (Fromm-Reichmann, 1959; Townsend, 1973). Andersson (1986) defined it as an experienced lack

of intimacy. Weiss (1987) in his "Reflections" further indicated that emotional isolation is related to the absence of an attachment figure, i.e., the lack of one with whom one is emotionally committed.

Examining these two types of isolation, loneliness can be viewed as an affective emotional experience in which one begins to sense being apart from others and apart from familiar support networks or systems. This, in turn, can lead to, or include, a realization that social contacts are either diminishing or lacking, or are not at a level, quantitatively or qualitatively, which is emotionally satisfying or supportive.

Social Contacts and Loneliness Among the Elderly

Despite popular belief, having few social contacts, even living alone, does not necessarily result in being either socially or emotionally lonely, especially if there are grown children who live nearby who maintain regular contact (Mullins, Johnson, and Andersson, 1987; Shanas, 1979; Townsend, 1968).

On the other hand, several authors have indicated that older persons frequently prefer social contacts with same-aged friends than with family members -- whether children or a spouse -- and these contacts have a greater impact on well-being than contact with family members (Mullins, Johnson, and Andersson, 1987; Peplau and Perlman, 1982; Perlman, Gerson, and Spinner 1978). Perhaps one reason for this is that family relationships are obligatory, while friendship relations are voluntary. Elderly persons may find it more satisfying emotionally to have frequent contacts with friends based on mutual choice than with family members who maintain contact out of a sense of duty.

Nevertheless, results that seem inconsistent with the above have been found by Berg et al., (1981). Their study of loneliness among the Swedish-aged showed an inverse relationship between loneliness and self-reported contact with children and old friends, but not between loneliness and contacts with neighbors. Supporting the findings of Berg et al., Stephens and Bernstein (1984) in a study in the U.S. of elderly residents of planned housing concluded that even though contacts with other residents occurred more frequently than did interactions with family nonresident friends, supportive relations with residents were the least valued. The differences could possibly be explained by the lack of voluntary choice in selection of fellow residents and the relative importance attached to friends as compared to neighbors.

In general, the individual situation of older persons seems to be the primary social factor in the experience of loneliness -- in particular the

degree of mutual choice involved in their social relations. Certainly, as previously indicated, the research findings show two somewhat inconsistent directions: 1) A desire or on-going contact with family members, but a preference for social contacts with peers (whether friends or neighbors); and 2) a desire for the availability of family and peer contacts, but not necessarily the actual contact.

Measures

Loneliness, the dependent variable, was measured using the item: "Would you say you feel lonely?" Response categories were: Never(1), Rarely(2), Sometimes(3), and Often(4).

Background variables included age, sex, education, and marital status. Age was the respondent's chronological age at the time of the interview. Sex was a designation of male or female. Education was the number of years of formal education completed. Marital status was coded as Married, or Not Married, i.e., Widowed, Separated/Divorced, or Single (Never Married).

Two measures of health status were used. Self-assessed health was determined by the responses to the question: "How would you describe your state of health, compared to other persons your age?" Response alternatives were Excellent(1), Good(2), Fair(3), or Poor(4). Bed days was the respondent's indication of the number of days in the last two weeks he or she had stayed in bed all or part of a day.

The extensiveness of social relations was measured using six variables. Two of the questions dealt with the number of children (or stepchildren) who lived within 50 miles of the persons' homes in Canada, and also in Florida. Two other questions concerned the number of close friends who lived within 50 miles of these seasonal residents in Canada, and also in Florida. Additionally, the seasonal visitors were asked whether or not children or stepchildren had vacationed with or near them, and whether or not close friends had vacationed with or near them during the current stay in Florida.

Finally, two variables dealt with the general satisfaction with life experienced in Canada and Florida: "In general, how satisfied are you with your life in Canada (Florida)?" Response categories for both questions were: Very Satisfied(1), Satisfied(2), Somewhat Dissatisfied(3), and Very Dissatisfied(4).

Characteristics of Older Canadian Seasonal Residents

The population under examination, as seen in Table 6-1, had an average age of 69 years; 60 percent were male; 90 percent were married;

and 33 percent had more than a high school education, i.e., more than thirteen years of schooling. These persons were generally well-satisfied with their lives in both Canada and Florida: 97 percent indicated they were at least somewhat satisfied with their lives in Canada, and 98 percent indicated they were at least somewhat satisfied with their lives in Florida.

The health of this population evidently was quite good. Compared to others their own age, 86 percent indicated their health was good or excellent. Also, only seven percent spent any time in bed, because of illness, during the past two weeks.

Regarding children, a third (33 percent) had no children living near them in Canada, i.e., within 50 miles. Within Florida 97 percent of the respondents had no children living within 50 miles. The amount of contact, however, was high. More than two-fifths, 44 percent, of these Canadians had been visited by at least one child during the current stay in Florida.

With regard to friends, it was shown that in Canada the median number of friends living within 50 miles was ten, while in Florida the median number was four. Among those with friends, three-fifths (60 percent) indicated they had received visits at the time of the study from their friends during the visit to Florida.

It is interesting to note that, though the number of friendships in both Canada and Florida seemed large, there was a substantial minority who indicated they had no friends near their home in Canada, or near their Florida home. It was found that 16 percent of the respondents indicated they had no friends nearby in Canada, while 33 percent indicated they had no friends nearby in Florida.

In terms of more personal indications of life condition the findings on feelings of loneliness showed a population which, in the majority, did not feel lonely. Almost four-fifths (78.6 percent), indicated they rarely (31.4 percent), or never (47.2 percent), felt lonely. However, more than a fifth (21.4 percent), indicated they sometimes (20.1 percent), or often (1.3 percent), felt lonely.

Among those who expressed loneliness, the reasons given for the loneliness are telling. In rank order, the three major reasons given were that they missed their families (25 percent), the death of a spouse (23 percent), and the death of a friend (17 percent). The remainder (35 percent) of the responses were accounted for by such events as missing the grandchildren, retirement, and so forth.

One issue of concern is the representativeness of these older native-born Canadians in Florida compared to older Canadians in general

Table 6.1.
Frequency Distribution of Included Variables (N=2,731).

Variable	N	Percent[a]
LONELINESS		
Never (1)	1280	47
Rarely (2)	850	31
Sometimes (3)	544	20
Often (4)	36	1
Missing	21	--
TOTAL	2731	99
$\bar{X}$=1.76, S.D.=0.82		
AGE[b]		
≤66	888	33
67-71	843	31
≥72	972	36
Missing	28	--
TOTAL	2731	100
$\bar{X}$=69.11, S.D.=6.60		
SEX		
Male (0)	1634	60
Female (1)	1092	40
Missing	5	--
TOTAL	2731	100
MARITAL STATUS		
Married (1)	2445	90
Widowed (0)	221	8
Divorced/Separated (0)	23	1
Single (0)	41	2
Missing	1	--
TOTAL	2731	101
SELF-ASSESSED HEALTH		
Excellent (1)	925	34
Good (2)	1397	52
Fair (3)	361	13
Poor (4)	27	1
Missing	21	--
TOTAL	2731	100
$\bar{X}$=1.81, S.D.=0.69		

Table 6.1. Continued
Frequency Distribution of Included Variables (N=2,731).

Variable	N	Percent[a]
EDUCATION[b]		
None	22	1
1-9 years	411	16
10-13 years (High School)	1292	50
14+ years	858	33
Missing	148	--
TOTAL	273	100
$\bar{X}$=12.25, S.D.=3.68		
DAYS IN BED-LAST TWO WEEKS		
None (0)	2528	93
1+ (1)	189	7
Missing	14	--
TOTAL	2731	100
CHILDREN LIVING NEAR CANADA HOME[b]		
None Near	807	33
1-2	1172	49
3-4	380	16
5+	54	2
No Children	292	--
Missing	26	--
TOTAL	2731	100
$\bar{X}$=1.34, S.D.=1.26		
CHILDREN LIVING NEAR FLORIDA HOME[b]		
None Near	2341	97
1	51	2
2+	15	1
No Children	292	--
Missing	32	--
TOTAL	2731	100
FRIENDS LIVE NEAR CANADA HOME[b]		
No Friends	336	16
1-5	397	19
6-11	576	27
12+	824	39
Missing	598	--
TOTAL	2731	101
$\bar{X}$=12.53, S.D.=13.15		

Table 6.1. Continued
Frequency Distribution of Included Variables (N=2,731).

Variable	N	Percent[a]
FRIENDS LIVE NEAR FLORIDA HOME[b]		
No Friends	784	33
1-3	319	13
4-11	804	34
12+	481	20
Missing	343	--
TOTAL	2731	100
$\bar{X}$=7.14, S.D.=9.88		
CHILDREN VISITED IN FLORIDA		
No (0)	1337	56
Yes (1)	1047	44
Missing	347	--
TOTAL	2731	100
FRIENDS VISITED IN FLORIDA		
No (0)	1038	40
Yes (1)	1544	60
Missing	148	--
TOTAL	2731	100
SATISFIED WITH LIFE IN CANADA		
Very Satisfied (1)	2202	82
Somewhat Satisfied (2)	399	15
Somewhat Dissatisfied (3)	86	3
Very Dissatisfied (4)	11	1
Missing	33	--
TOTAL	2731	101
$\bar{X}$=1.22, S.D.=0.51		
SATISFACTION WITH LIFE IN FLORIDA		
Very Satisfied (1)	2011	74
Somewhat Satisfied (2)	647	15
Somewhat Dissatisfied (3)	49	2
Very Dissatisfied (4)	4	0
Missing	20	--
TOTAL	2731	100
$\bar{X}$=1.28, S.D.=0.50		

[a]Percentages may not equal 100 due to rounding.
[b]These variables are continuous variables in the subsequent discriminant analysis. They are reported in this table as categorical for descriptive purposes.

residing in the U.S. Examination of materials from the 1980 U.S. Census concerned with Canadians in the U.S. indicates the population in this study is much like the national profile of their age group, except that they are somawhat more likely to be married and living independently; their socioeconomic status is somewhat more elevated, though not a lot; they are more mobile; and they are more likely to live in mobile homes and condominiums than in the usual urban family home.

Results

Given the limited range of the scoring categories of the variables in this study, especially loneliness, an aporopriate multivariate analytic technique is discriminant function analysis. Using this approach, it was possible to examine the variables, independent of the effects of the other variables in the model, that were most useful for distinguishing those Canadians who were lonely from those who were not lonely. In addition to this analytic function, the discriminant analysis also provided for the assessment of the predictive validity of the variable profile.

Each of the variables included in this examination have shown a statistically significant relationship with loneliness in a previously conducted series of univariate crosstabular analyses. Other variables, e.g., number of siblings, other relatives living nearby, years in retirement, were not included in this discriminant analysis because of their statistically nonsignificant univariate relationship with loneliness.

The results of the discriminant analysis, shown in Table 6-2, were based on 1695 of the 2731 cases for which information was complete for the entire fourteen variables. For the analysis, the loneliness variable was dichotomized into two categories. One category included those persons who were never or rarely lonely (N=1311, 77 percent). The second category included those who were sometimes or often lonely (N=384, 23 percent).

The derived discriminant function with the fourteen variables explained 12.78 percent (.352) of the variance (Chi-Squared = 230.58, 14df, p<.000). Examining the individual variables, the results suggest that those Canadian seasonal residents who were lonely tended to be younger, female, less well-educated and not currently married. Also, those who felt their health was poorer and who had spent some time in bed because of illness during the past two weeks were lonely. Further, those who were lonely had more children who lived near them in Canada, but fewer children who lived near them in the U.S. Additionally, those with fewer friends who lived near them in Florida, but not in Canada, were

Table 6.2.
Discriminant Analysis of Loneliness (N=1,695).

Variable	Wilks' Lambda	P	Standardized Discriminant Function Coefficients*
Age (Older)	.997	<.02	-.15
Sex (Female)	.994	<.00	+.33
Marital Status (Not Married)	.967	<.00	+.52
Education (Greater)	.997	<.04	-.08
Self-Assessed Health (Poorer)	.983	<.00	+.30
Days in Bed (Greater)	.995	<.01	+.14
Children Near Canada Home (Greater)	.989	<.00	+.28
Children Near Florida Home (Greater)	.997	<.04	-.07
Friends Near Canada Home (Greater)	.998	NS	-.06
Friends Near FLorida Home (Greater)	.998	<.04	-.03
Children Visited In Florida (Yes)	.998	<.04	+.15
Friends Visited In Florida (Yes)	.999	NS	+.00
Satisfied W/Life in Canada (Dissatisfied)	.999	NS	-.12
Satisfied W/Life In Florida (Dissatisfied)	.953	<.00	+.63

Note: Eigen Value = .147; Wilks' Lambda = .872; Chi-Squared = 230.58, 14df, p<.000;

* A positive sign (+) indicated that higher scores for the variable are associated with being lonely; a negative sign (-) indicated that higher scores are associated with not being lonely."

lonely. Finally those who were dissatisfied with their lives while in Florida were lonely.

It is of interest to note also the variables which, independent of the other variables, were not significantly associated with loneliness. Extent of satisfaction with life in Canada, nor the visitation by friends while residing in Florida were not associated with being lonely.

Finally, using the fourteen variables, the classification procedure as part of the discriminant function analysis indicated that 79.1 percent of the cases could be correctly classified -- 29.1 percent better than expected by chance alone. Furthermore, of the two groups, i.e., those who were lonely and those who were not lonely, the easiest group to classify based on the predictability of the included variables, not surprisingly, was the group of those who were not lonely.

Conclusions and Implications

Clearly, a phenomenological (or experiential) approach is implied by the findings in the distinction made between being alone and feeling lonely (Berg et al., 1981; Larsen et al., 1985; Lowenthal nd Robinson, 1976; Peplau et al., 1982; Peplau, Bikson et al., 1982; Townsend, 1973; Weiss, 1982). A person may live alone and have relatively few social contacts but still seldom feel lonely. Conversely, persons may have chronic feelings of loneliness even when in a crowd or surrounded by others. The objective fact of social isolation and the subjective experience of emotional isolation are by no means equivalent (Larsen et al., 1985; Lopata, 1969; Mullins and McNicholas, 1986; Weiss, 1982).

While these two variables may be related for many persons, the correlation is less than perfect. Moreover, while social isolation may be "explained" in terms of objective demographic or ecological variables, such as the density of one's community, the geographical distance from family members and close friends status (Berg et al., 1981; Peplau, Bikson et al., 1982; Perlman et al., 1978; Shanas, 1979; Stephens and Bernstein, 1984; Townsend, 1968; 1973), efforts to explain the subjective experience of emotional isolation must ultimately take into account of an array of other variables, which have not been included here such as needs for affiliation, degree of independence, and self-concept (Eddy, 1961; Lopata, Heinemann and Baum, 1982; Sermat, 1978; Shultz and Moore, 1978).

In addition, there is the often discussed issue of the importance and impact of family in comparison to friends as these relationships influence feelings of loneliness. There has been no clear consensus in the

literature as to which type of contact is more conducive to emotional well-being. As indicated in the introduction to this discussion, different researchers have shown results which are seemingly contradictory. Berg et al., (1981) and Stephens and Bernstein (1984) have shown that greater frequency of contacts with family, but not contact with neighbors and friends, is associated with less loneliness. Peplau et al., (1982) and Perlman et al., (1978) have indicated loneliness should be less among those with greater peer contacts rather than family contacts. The results here provide support for the importance of family in contrast to friends, at least for people who temporarily, but voluntarily, relocate to a different country.

The conclusion from these findings is that these older Canadians seem to feel separated from their children residing in Canada and to a lesser extent their children residing in Florida. Those with a greater number of children residing near them in Canada seem to feel more isolated. This isolation is especially poignant when they are not visited. Friends in Canada, on the other hand, lose much of their importance as a socializing agent to this group. Taking their Canadian friends' place as a more immediate influence for ameliorating loneliness are the friends acquired in Florida.

The structure of social relationships in which older persons are involved is obviously important, especially the social network of close family and friends and the degree to which the members of this network fulfill the older person's needs for social contact or meet the older person's expectations (Conner, Powers, and Bultena, 1979; Larsen et al., 1985; Lowenthal and Robinson, 1976; Mullins, Johnson, and Andersson, 1987; Peplau, Bikson et al., 1982). Additionally, however, health concerns consistently enter as important factors for the manifestation of loneliness. This is no less true in this study.

There has been considerable consistency between authors who have examined this issue. Kivett (1979) and the NCOA survey (Harris and Associates, 1974; 1981) indicate that an important predictor of loneliness is low, or poor, self-rated health. In effect, however, this relationship may be more indirect than direct in that perceived poor health predisposes older adults to social and emotional isolation which in turn can lead to loneliness.

Regarding more objective health considerations and their relation to loneliness, several researchers have made similar conclusions. Retsinas and Garrity (1985), and Mullins (1980; 1982) indicated that among nursing home residents, those with poorer functional capacity are those

who are less sociable and who experience greater alienation, i.e., estrangement from others. Stephens and Bernstein (1984) in their study of the elderly in planned housing, indicated that residents who experience chronic problems of health, sensory impairments, and long-term illness are more socially isolated both from the other residents and from family than are those residents who are "healthier." Mullins, Johnson, and Andersson (1987) found health variables to be especially predictive of loneliness among the elderly in independent living facilities. Also, Mullins and Sheppard (1987) in a study among a representative sample of older persons in Sweden found poor subjective health to be highly predictive of loneliness. Peplau et al. (1982) stated in more general terms that persons with some personal incapacity are more likely than those who do not have such an incapacity to be alone, i.e., isolated. It seems reasonably clear from the current findings and the literature that poor health is associated with loneliness.

Practically, numerous considerations emerge from the various issues under examination. It is important to be aware of how and why loneliness has occurred so that steps can be taken to ameliorate social and emotional isolation. Peplau and Perlman (1982) have suggested the most obvious and perhaps most satisfying way to alleviate loneliness is to improve one's social relations. The results here reinforce the importance of this, especially with respect to family. They also suggested, as another mechanism to reduce loneliness, a reduction in the expectations for social activities by selecting tasks that can be done alone. This is not to say that solitary living should be actively encountered. Rather, it may be more realistic to chose activities that satisfyingly can be done alone. While this may be true the present research cannot confirm or negate this.

It is also important to examine the form of social interaction that should be encouraged. Heltsley and Powers (1975), for example, indicated, using a hierarchy of needs approach, it may be preferable to examine different levels of social interaction. That is, one type of contact might well be necessary to assure basic safety and well-being; however, on a quite different level, would be contacts which satisfy socio-emotional needs.

This fits nicely into the conclusion of Conner, et al., (1979) that it is overly simplistic to assume that "more interaction is better." There must be a shift from an examination only of "how many" and "how often," to a more broad understanding of the meaning of social relationships and the interaction process.

It is also true that simply increasing the contacts of the elderly may be inappropriate -- many prefer to be alone. It is necessary to be sensitive

to the needs of the elderly as these needs are viewed by the persons themselves, and not project onto them what others think they need.

Regardless of the situation within which one is living, it is necessary to be more aware of: 1) The kind of visits and other social contacts that are beneficial to the older person; 2) Whether they prefer visits with family or friends; and 3) The desired frequency of those contacts.

With respect to strategies to deal with loneliness Revenson (1986) has indicated that social interventions to allay the "so-called problem of loneliness" can take two forms. One approach, more individualistically-oriented, emphasizes a continuation, or the development of programs which would help the older person cope with interpersonal losses, and physical and behavioral changes. These programs for Canadian seasonal residents could include informal mutual help groups formed within local Canada clubs. These support groups could facilitate the adjustment to changing social, physical and environmental conditions, especially for new residents.

A second approach to remedying loneliness, as well as other conditions, emphasizes a socio-political solution. Through the development of appropriate legislative initiatives within Canada, and Florida, efforts could be made which deal with the root causes of loneliness. In contemporary society, the obvious elements in this effort are related to one's health, and economic and social situations. As was discussed, poor health can be an important element in the manifestation of loneliness. Better provision of social care services and community-based health care available in Florida would facilitate not only health care, but would have the added benefit of increasing social contacts. Another element in health care provision would be a better designed system for the coordination of health care coverage and reimbursement between Canadian provinces, especially Ontario, and in this instance, Florida. Assistance would not necessarily, nor likely, be direct, but could come through an improvement in programs which would facilitate support for both services and social contact, e.g., support for homemaker services, meals-on-wheels, mental health services, and hospitalization while in Florida. Adequate for these and related programs would go a long way in forestalling the loneliness experienced by many older Canadians who frequent Florida.

CONCLUDING REMARKS

*Blossom Wigdor**

The research reported in this collection of papers was undertaken to investigate some of the patterns of behavior of Canadians who migrate to Florida for a significant period (3-6 months) of every year, and the impact this might have for both Canada and Florida in terms of utilization of health and social services. This is one of the largest studies of the two health and social service systems and it can be seen as having policy implications. Furthermore, the seasonal migrants are a particularly interesting group since they can be classified as "successful aged". The fact that many are able to enjoy a flexible leisure lifestyle seems to indicate that they used effective planning strategies over their lifetime as well as in retirement.

The research reveals, perhaps not surprisingly, that the Canadian seasonal migrants show a wide age range of 50-85 years or more, and are on the average younger, healthier, wealthier, and better educated than in typical of the over 65 age group either in Canada or Florida. This could be expected, since anyone with a condition which impaired their ability to carry out activities of daily living would probably have trouble travelling. However, since the methodology did not include obtaining information from both spouses this remains a conjecture. It is possible to continue to travel if one spouse is able to care for the less able partner, but couples more importantly may cease to migrate should one of the partners become less able.

Of special significance in determining the pattern of migration of Canadians to Florida, as compared to the inter-state migration, is the difference in the health care system. Canadians are covered for medical costs and hospitalization by a universal health plan that varies slightly from province to province. To remain eligible for coverage, Canadians cannot stay abroad more than six months, less one day. The studies show that for the most part, Canadians plan their stay in Florida to remain eligible for health care, and that they have confidence in their coverage in Canada. They fear the costs of Florida care and tend to return home for care, except in emergencies. They also utilize the Canadian system heavily for predeparture check-ups, and to acquire any necessary

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medication -- in many provinces drug costs are covered by a universal drug benefit plan for the total population over 65.

Canadians spend considerable money in Florida as consumers; a majority own their homes in Florida and additionally utilize public services, such as roads, utilities, and police. However, they pay their income and property taxes primarily to Canada, while utilizing the public services only part of the year. They do not seem to put a special strain on the Florida health system although there is some use in emergency situations. Social services appear to be used rarely. On balance, the Canadian migrants may be a slight advantage to Florida but it is not fully clear. Canadians do, for the most part, carry extra insurance to cover any possible need they may have for using the Florida health resources. In this way they avoid becoming dependent on the public system.

Interesting statements are made by Canadians about the benefit of their winter stay in Florida. They claim that they are healthier and remain more active by not having to cope with the severe winter weather and its effects. There is no objective evidence of this but if it does postpone disability, it may have some positive effects on health and social service usage, particularly social or home care services. It is conceivable that if some of these Canadians remained at home during the winter months, they might be utilizing home services such as homemaking or shopping. Furthermore, it is possible that they might have more accidents or transitory illness due to weather conditions, and therefore use more health services.

A number of the Canadian "snowbirds" have adopted the lifestyle of two leisure homes. That is, their Canadian homes are often in small towns or semi-rural settings. There may be a tendency for this group, in very old age, or upon the death of a spouse, to become more dependent on Canadian resources since they may have, or have maintained, fewer social support networks. Some evidence suggests they tend to move on the loss of spouse or in very-old age from semi-rural settings to larger towns or cities to be closer to adult children or services.

However, the above statements are really in the nature of hypotheses and it is necessary to carry out further research on whether there is health improvement and avoidance of accidents by living in the south for the winter months. Further investigation is also warranted around issues of planning for retirement and decision-making in later life, particularly in the case of couples. There are suggestions in the foregoing papers, particularly Mullins' paper on "Loneliness" that women react differently

from men to this lifestyle, that some dissonance may occur, and that negative effects of distance from children and other support groups, may be experienced.

There is, furthermore, a need for better understanding of individual characteristics which make moves or choice of retirement communities attractive and effective. Mullins' paper suggests that the dimension of "alienation" may be important in understanding loneliness. Study of the social organization of retirement communities might help to clarify this further. Evidence suggests that these are communities without a history and that individuals relate in terms of leisure activities but they seem to have little involvement in the political and social life of the greater community.

It is clear that in general the findings of these papers do not support the alarmist predictions that there may be heavy demands by Canadians on Florida's health and social services. On first examination Canada appears to be the loser. The seasonal migrants are substantial consumers of goods in the United States during the young-old, active phase of retirement, but return to Canada, or remain at home later on, when they may be heavier consumers of services. The evidence indicates, however, that since they continue to pay taxes to Canada while away, the end result is a fairly good balance and results in an exchange. The results of this study suggests that this population is an interesting one for further study.

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Appendix A

HEALTH CARE ISSUES FOR OLDER CANADIANS IN FLORIDA

MOST QUESTIONS ARE ANSWERED BY CIRCLING THE NUMBER ADJACENT TO AN APPROPRIATE RESPONSE. SOMETIMES WE ASK FOR A BRIEF WRITTEN ANSWER.

ABOUT YOU...please tell us a little about yourself

1) My citizenship: 1 is Canadian 2 WAS Canadian
3 has never been Canadian (if so, circle #3 and **return** the questionnaire)

2) I am a: 1 male or 2 female

3) I was born in the year _____

4) I was born in (province/state)_____
(country) _____

5) When in a: CANADA, I reside in: (province)_____
(city/town)_____
b: FLORIDA, I reside in (county)_____
(city/town)_____

6) I am currently:
1 married (includes common law)
2 widowed
3 separated/divorced
4 single (never married)

7) Have you retired from full-time paid employment:
1 no 2 yes (since what year?_____)
3 not applicable (e.g., homemaker)

8) Whether now working, retired, or homemaker, please tell us what is/ was the main occupation of you and your spouse **over most of the working life.** Please describe in full. For example, "medical x-ray technician", not "technician", "manager, large firm", not "manager", "homemaker, wife, mother", not "did not work".

MAIN OCCUPATION:
YOURSELF_____
SPOUSE_____

9) How many years of formal education have you completed (counting, if applicable, university or post-high school education):
_____years

10) My preferred language is: 1 English 2 French 3 other:_____

YOUR TIME IN FLORIDA.....

In the following questions, we are interested in the history of your household moves and, in particular, those in Florida.

11) How many big moves between communities have you made after becoming independent from your parents (**after** you completed your formal education but **before** you and your spouse retired)?
number of moves_____

12) Did you vacation in Florida (circle ALL appropriate):	NO	YES
a. with your family when you were a child	1	2
b. as a young, independent adult	1	2
c. after establishing your own family	1	2
d. after your children became independen but before you retired	1	2

13) When did you make your **first** post-retirement seasonal move to Florida (longer than a vacation)?
a. year: 19 _ _ b. number of weeks:_____

14) How many times have you made seasonal moves to Florida **after** your retirement:

number of times:_____

15) List the most important places OTHER THAN FLORIDA to which have made seasonal moves since you retired:
   a. Canadian province:_____
   b. U.S. State other than Florida:_____
   c. elsewhere (list country):_____

16) Thinking of this particular move to Florida:
   a. in what **month** did you arrive in Florida?_____
   b. in what **month** will you end this particular stay_____
or c. I am a year round resident of Florida:
      1 no
      2 yes (since what year_____)

17) Have you lived in this community before?
   1 this is the FIRST TIME I've lived here
   2 I SOMETIMES live here or nearby while in Florida
   3 I OFTEN live here or nearby while in Florida
   4 I ALWAYS live here or nearby while in Florida

18) At this time in Florida, **not counting visiting vacationers**, are you (circle as many numbers as apply)
   1 living alone
   2 living with a spouse or partner in a marriage-like state
   3 living with a daughter (how many?_____)
   4 living with a son (how many?_____)
   5 living with a parent/parent-in-law (how many?_____)
   6 living with a brother or sister (how many?_____)
   7 living with another relative (how many?_____)
   8 living with a friend (how many?_____)
   9 living with a paid companion or employee (how many?____)

19) Which of these people is the **head of the household.**?
   1 me or my spouse
   2 someone else (write in the NUMBER from question #18:____)

APPENDIX A

20) What type of building are you living in while in Florida:
1 mobile home or trailer 2 single family dwelling (house)
3 condominium apartment 4 rented apartment
5 motel or hotel unit 6 other (what?_____)

21) Do you or you spouse **own** or **rent** this Florida accommodation?
1 own 2 rent 3 neither, staying with others

22) Do you live in a mobile home community while in Florida?
1 no 2 yes

23) In **Canada**, do you or your spouse:
1 **own** your home 2 **rent** you home
OR 3 neither, live with (e.g. son, parent):_____

24) Do you think of your "home" as being in Florida of **Canada**?
1 Canada, mostly 2 both, equally 3 Florida, mostly 4 neither

25) In general, how **satisfied** are you with your life while in **Canada**?
1 very satisfied 2 somewhat satisfied 3 somewhat dissatisfied 4 very dissatisfied

26) In general, how **satisfied** are you with your life while in **Florida**?
1 very satisfied 2 somewhat satisfied 2 somewhat dissatisfied 4 very dissatisfied

YOUR FAMILY.....

27) How many living children or stepchildren have you?_____

28) How many children or stepchildren live year round within:
a. 50 miles (80 km) from your **Canadian** home _____
b. 50 miles (80 km) from your **Florida** home _____

29) Thinking of this year's stay in Florida:
   a. have any of your children or stepchildren vacationed with or near you (within 50 miles/80 km):
      1 no 2 yes OR 9 no children
   b. do they plan to do so this year?
      1 no 2 yes 8 don't know 9 no children

30) How many brothers and sisters have you?_____brothers and sisters

31) How many brothers and sisters live year round within:
   a. 50 miles (80 km) from your **Canadian** home _____
   b. 50 miles (80 km) from your **Florida** home_____

32) Thinking of this year's stay in Florida:
   a. have any of your brothers and sisters vacationed with or near you (within 50 miles/80 km):
      1 no 2 yes OR 9 no brothers and sisters
   b. do they plan to do so this year? 1 no 2 yes 8 don't know 9 no brothers and sisters

33) How many of your **parents** or **parents-in-law** are alive?_____

34) How many parents or parents-in-law live year round within:
   a. 50 miles (80 km) from your **Canadian** home _____
   b. 50 miles (80 km) from your **Florida** home _____

35) Thinking of this year's stay in Florida:
   a. have any of your parents or parents-in-law vacationed with or near you (within 50 miles/80 km):
      1 no 2 yes OR 9 no parents/in-laws
   b. do they plan to do so this year?
      1 no 2 yes 8 don't know 9 no parents/in-laws

36) Not counting a spouse, child, brother or sister, or parent, how many OTHER RELATIVES live year round within:
   a. 50 miles (80 km) from your **Canadian** home _____
   b. 50 miles (80 km) from your **Florida** home _____

37) Thinking of this year's stay in Florida:
   a. have any of your other relatives vacationed with or near you (within 50 miles/80 km):
      1 no 2 yes OR 9 no other relatives
   b. do they plan to do so this year?
      1 no 2 yes 8 don't know 9 no relatives

38) Not counting family members , how many CLOSE FRIENDS live year round within:
   a. 50 miles (80 km) from your **Canadian** home _____
   b. 50 miles (80 km) from your **Florida** home _____

39) Thinking of this year's stay in Florida:
   a. have any of your close friends vacationed with or near you (within 50 miles/80 km):
      1 no 2 yes OR 9 have no close friends
   b. do they plan to do so this year?
      1 no 2 yes 8 don't know 9 have no close friends

40) Within the **LAST TWO WEEKS** how many times have you spoken of the telephone with, received mail from, or visited with **any** of your relatives (e.g. children, brothers, sisters, parents)?
   a. spoke on phone _____ times in last two weeks
   b. received mail from _____ times in last two weeks
   c. visited with: _____ times in last two weeks

41)Would you say you feel lonely:
   1 never 2 rarely 3 sometimes 4 often

42) If you feel lonely, is it because of some **specific** recent event?
   1 no 2 yes: circle **most important** event:
      1 death of spouse/companion
      2 death of close friend/relative
      3 separation or divorce
      4 moving
      5 retirement
      6 other:_____)

HEALTH AND HEALTH CARE, IN CANADA AND FLORIDA.....

43) How would you describe your state of health? Compared to other persons your age, would you say it was.....
1 excellent 2 good 3 fair OR 4 poor

44) During the last two weeks, were there any days when you were not able to carry on you normal daily activities because of illness?
1 no 2 yes: how many different **days** altogether in the last two weeks?
_____ _____days

45) How many days during the last two weeks did you stay in bed all or part of the day? _____days

46) Is there any physical condition, illness or health problem that bothers you now?
1 no 2 yes: What is that?_____

47) Below are some common conditions for which people require regular medicine or treatment, for **each** condition, please indicate whether or not you currently have it, and whether or not you are being treated for it.

	NO	YES, NOT RECEIVING TREATMENT	YES, RECEIVING TREATMENT
a. arthritis or rheumatism	1	2	3
b. high blood pressure	1	2	3
c. limb or joint problems	1	2	3
d. heart disease	1	2	3
e. hearing problems	1	2	3
f. sight problems	1	2	3
g. mental health problems	1	2	3
h. cancer	1	2	3
i. digestive disorders	1	2	3
j. dental problems	1	2	3
k. diabetes	1	2	3
l. bronchitis, emphysema, or asthma	1	2	3

48) Have you had a medical emergency requiring doctor or hospital care: a. this trip to Florida? 1 no 2 yes
b. a previous trip? 1 no 2 yes

(If "YES" to (a) or (b), did this require an unexpected return to CANADA?) 1 no 2 yes

49) How **satisfied** are/were you with your ability to obtain the health care needed to deal with any such emergency in Florida?

1 very satisfied 2 somewhat satisfied 3 somewhat dissatisfied 4 very dissatisfied

50) Some people have difficulty doing things without help. For each item listed below, please indicate if you **require** assistance at this particular time, and **who provides** this assistance for you now (e.g., spouse, daughter, public health nurse).

	I HAVE NO DIFFICULTY	I NOW REQUIRE ASSISTANCE	ASSISTANCE IS PROVIDED BY:
a. using the telephone	1	2	_____
b. eating meals	1	2	_____
c. dressing and undressing	1	2	_____
d. washing and bathing	1	2	_____
e. taking medication or treatment	1	2	_____
f. getting about the house	1	2	_____
g. going up and down stairs	1	2	_____
h. getting in and out of bed	1	2	_____
i. preparing meals	1	2	_____
j. carrying parcels such as groceries	1	2	_____
k. getting to places out of walking distance	1	2	_____

51) Are you enrolled in O.H.I.P. or another **governmental** medicare plan in one of the **Canadian** provinces?
1 no 2 yes 8 not sure

52) Because of prior working or residential history, a few Canadian citizens are eligible for U.S. Medicare coverage. Are **You** personally...

1 not eligible 2 eligible 8 don't know

53) Have you limited or restricted your time outside Canada in order to maintain your eligibility for **Canadian** Medicare insurance?

1 no 2 yes

54) At this time, are you enrolled in a **private** medical care insurance plan, such as Blue Cross?

1	2	3	4
No	yes, Blue Cross Basic Plan	yes, Blue Cross Deluxe Plan	yes, not Blue Cross (which plan? _____)

55) In **Canadian** dollars, how much did/will you (and your spouse) spend on **private** medical insurance coverage for your trip to Florida this year? $_____Cdn.

56) For each of the following health **professionals**, please indicate if you have a **regular** relationship in CANADA only, in FLORIDA only, or BOTH in Canada and Florida. By regular relationship we mean one in which you know the health professional and the professional maintains a record or chart of the care provided you.

TYPE OF PROFESSIONAL	CANADA ONLY	FLORIDA ONLY	BOTH CANADA AND FLORIDA	NEITHER PLACE
a. family doctor or general practitioner	4	3	2	1
b. medical doctor who is a specialist	4	3	2	1
c. chiropractor	4	3	2	1
d. visiting nurse	4	3	2	1
e. dentist	4	3	2	1
f. podiatrist/chiropodist	4	3	2	1
g. physiotherapist	4	3	2	1
h. nutritionist/dietician	4	3	2	1
i. pharmacist	4	3	2	1
j. other health professional (what kind? _____)	4	3	2	1

57) During the past 14 days, did you **visit** or **phone** any of the following concerning a problem with **your** health? Circle as MANY as appropriate for each item.

	IN FLORIDA			IN CANADA		
	no	visit	phoned	no	visit	phoned
a. relative or friend	1	2	3	5	6	7
b. nurse	1	2	3	5	6	7
c. family doctor or general practitioner	1	2	3	5	6	7
d. medical doctor who is a specialist	1	2	3	5	6	7
e. another health professional	1	2	3	5	6	7

58) Some people need to use community services for the elderly while in **Florida**. Have you in the past **two weeks:**

	NO	YES
a. used a senior center	1	2
b. used a special transportation	1	2
c. had meals delivered to your home by an agency	1	2
d. eaten meals in a senior center or in some place with a special meal program	1	2
e. used a homemaker service	1	2
f. used a service which makes routine telephone calls to check on the health of elderly people	1	2
g. used a visiting nurse	1	2
h. used a home health aide	1	2
i. used adult day care	1	2

59) Have you, on this particular visit to **Florida**...

	NO	YES
a. billed a Canadian GOVERNMENTAL health plan, (e.g. O.H.I.P.) for HOSPITAL care costs?	1	2
b. billed a Canadian GOVERNMENTAL health plan for care by a doctor?	1	2
c. billed BLUE CROSS or similar private plan for hospital care costs?	1	2
d. billed BLUE CROSS or similar private plan for care by a doctor?	1	2
e. paid out-of-pocket for HOSPITAL care for which you **cannot** be reimbursed? If **YES**, how much in $U.S.: _____	1	2
f. paid out-of-pocket for care by a DOCTOR for which you **cannot** be reimbursed? If **YES**, how much in $U.S.: _____	1	2
g. paid out-of-pocket for PRESCRIPTION DRUGS for which you **cannot** be reimbursed? If **YES** how much in $U.S.: _____	1	2

60) Is there a hospital or clinic near your Florida residence which accepts O.H.I.P. or other governmental medicare payment?
1 no 2 yes, partial payment 3 yes, full payment 8 not sure

61) People sometimes **delay** or **avoid** seeking health care. During this stay in Florida, have you delayed or not sought health care for the following reasons?

	NO	YES
a. I don't know where to find the health care I need in Florida	1	2
b. I worry about the costs of seeing a doctor in Florida	1	2
c. I worry about hospital costs in Florida	1	2
d. I worry about the quality of medical care in Florida	1	2
e. I feel more comfortable getting my health care in Canada	1	2

62) If your current stay in Florida is lengthy, have you returned, or will you return, to Canada during this period...

	NO	YES
a. to obtain health care	1	2
b. to visit family members	1	2
c. for some other reason (what?_____)	1	2

63) Prior to leaving Canada for this visit to Florida, did you take any of the following health measures **while in Canada?**

	NO	YES
a. visit your family doctor/general practitioner in Canada for a thorough check-up	1	2
b. fill prescriptions for drugs you routinely take, to bring with you to Florida	1	2
c. take out health insurance for Canadians abroad	1	2
d. make special travel arrangements so that you might return home in case of a medical emergency	1	2
e. give relatives/friends instructions in case of a possible medical emergency	1	2
f. have your Canadian doctor arrange a referral to a Florida doctor	1	2
g. other arrangements (what?_____)	1	2

64) People visit **Florida** for many reasons. Which apply to you? I travel to Florida...

	NO	YES
a. because Canadian winters are too harsh	1	2
b. because some of my **friends** winter in Florida	1	2
c. because some of my **relatives** winter in Florida	1	2
d. because I enjoy Florida's way of life	1	2

65) Do you anticipate returning to Florida on a continuing basis? 1 no 2 yes 8 not sure
If no, why not? (circle all appropriate items):
1 exchange rate 2 other financial reasons 3 health CONDITION
4 health care COSTS 5 other: (what?_____)

66) Taking all sources of income into consideration (including pensions, earnings, investments, etc..., please estimate the total **family** income of you (and your spouse). Circle most appropriate category.

Our family income category is: (ESTIMATE IN CANADIAN DOLLARS)

1 less than $10,000 (Canadian)
2 $10,000 - $19,999 (Canadian)
3 $20,000 - $39,999 (Canadian)
4 $40,000 - $59,999 (Canadian)
5 $60,000 - $99,999 (Canadian)
6 $100,000 or more (Canadian)

67) While in **Florida**, how much do you (and spouse) budget **per month** for all expenses, including housing, food, health care, recreation, etc.

PLEASE ESTIMATE YOUR MONTHLY BUDGET IN U.S. DOLLARS: $_____

WE WOULD APPRECIATE HEARING MORE FROM YOU ABOUT MOVING BETWEEN CANADA AND FLORIDA, AND ABOUT YOUR HEALTH CARE EXPERIENCES. HOW DID YOUR FLORIDA TRAVEL BEGIN? WHAT INFLUENCED YOUR TRAVEL DECISIONS (THE CRISES? THE TURNING POINTS?) WHAT ARE YOUR FUTURE PLANS? HAVE YOU HAD PARTICULAR DIFFICULTIES GETTING HEALTH CARE IN FLORIDA OR CANADA? PLEASE WRITE US SEPARATELY (AND ANONYMOUSLY IF YOU WISH)

THAT COMPLETES THE QUESTIONNAIRE. PLEASE CHECK TO SEE THAT YOU HAVE NOT SKIPPED OVER A PAGE AND THAT YOU ANSWERED BOTH FRONT AND BACK OF EACH PAGE. THANK YOU FOR YOUR ASSISTANCE. PLEASE PLACE THE QUESTIONNAIRE IN THE STAMPED ENVELOPE AND MAIL IT BACK TO US.

Date Questionnaire Returned (today's date):_____

_____
Data man. code

Appendix B

SOLICITATION OF LETTERS TO SUPPLEMENT MAILED SURVEY DATA*

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INTRODUCTION

The letter has a long history as a source of data in the social sciences and in the humanities, yet it is infrequently used in contemporary research in gerontology. Literary, political and social historians find the letter an important source of evidence (Barzun and Graff, 1957; Mann, 1971). Biographers and autobiographers frequently make use of letters as documentary evidence of life course patterns.

In what may be seen as a study in the social psychology of aging, Allport (1965) edited and interpreted the Letters from Jenny, written by an aging woman to two friends of her son over an eleven year period. Jenny ends up in a home for the aged (Plummer, 1983).

The acknowledged classic of American qualitative sociology, The *Polish Peasant in Europe and America*, by W.I. Thomas and Florian Znaniecki (1958) rested largely on the analysis of hundreds of letters which were purchased for the purpose of the study at between 10 and 20 cents a letter (Mann, 1971; Plummer, 1983). In the study of the Polish peasant, letters were solicited for the research but they were not letters written to the researchers. Plummer (1983) suggests that the letters of

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the Polish peasants might have looked very different if written to the sociologists instead of to family members. This raises important questions about the validity of solicited letters and, for that matter, of letters of any kind for social research.

Solicitation of letters is an approach that we have not seen recommended in the methodological literature. Nevertheless, we recommend such a procedure as a cost-effective and useful means of gathering data in conjunction with conventional survey research strategies. This paper recounts how and why we used this approach, describes our success with it, and discusses both the strengths and weaknesses of soliciting letters.

It is perhaps in the nature of collaborative research that each investigator has their own pet agenda. Even within the shared intention to study the health and social behavior of Canadian seasonal migrants (Tucker, Marshall, Longino and Mullins, 1988), when all our individual interests were pooled, the problem of insufficient questionnaire space was acutely felt. For this reason, and also because of a commitment of the investigators to qualitative methods and multiple-methods approaches (Marshall, 1981), it was decided to solicit additional information by asking for letters.

At the end of the questionnaire, the following request appeared:

> "WE WOULD APPRECIATE HEARING MORE FROM YOU ABOUT MOVING BETWEEN CANADA AND FLORIDA, AND ABOUT YOUR HEALTH CARE EXPERIENCES. HOW DID YOUR FLORIDA TRAVEL BEGIN? WHAT INFLUENCED YOUR TRAVEL DECISIONS (THE CRISES? THE TURNING POINTS?) WHAT ARE YOUR FUTURE PLANS? HAVE YOU HAD PARTICULAR DIFFICULTIES GETTING HEALTH CARE IN FLORIDA OR CANADA? PLEASE WRITE US SEPARATELY (AND ANONYMOUSLY IF YOU WISH)."

Eleven percent of the respondents complied with this request, providing the subject matter of this paper. Some wrote separately. Most, however, included their notes with the questionnaire.

VALUE OF THE QUALITATIVE DATA

The letters received varied greatly in length, legibility, and theme. The typical letter was one page, but letters of two or three pages were common. Over one-fourth were typewritten. A small number were written to affirm a refusal response or to declare ineligibility for the study

(because of assuming permanent residency). As one said, "Received your second request to fill in questionnaire enclosed. We have again read over the many questions that need answering. We feel that our answers to you would not prove very satisfactory for your study" (R4050).

VALUE OF THE SOLICITED LETTER APPROACH

The data provided by respondents through their letters proved useful in a number of ways, by providing additional information and clarifying our understanding. These contributions are itemized below.

1. Clarification or Correction of Questionnaire Responses

An important benefit of soliciting additional data is the opportunity for respondents to clarify their answers to questions. For example, a series of questions about family members and friends, to assess a variety of social network issues, were asked. It was felt to be necessary to place an arbitrary limit on geographical proximity, because of its known relationship to interaction, assistance and other dimensions of social support (Marshall and Rosenthal, 1985). This limit was set at 50 miles or 80 kilometers. One respondent, however, wrote that:

> "Our answers to the questionnaire might indicate that we had few friends. Actually we have a lot of friends but most of them do not live within the 50 mile limit set by the questionnaire. We also see our children fairly frequently, but they also are more than 50 miles away" (R4020).

Another respondent wrote, "I have completed your questionnaire, received today, as well as I can -- some questions don't fit precisely -- and it is enclosed. Now for some additional information!" The enthusiasm of this respondent is indicated by a handwritten P.S. on his typewritten letter. "If you desire more information, please let me know Anonymity isn't necessary" (R4795).

2. Deepening the Meaning of Patterns

Through analysis of the highly-structured data of the questionnaire, a good understanding of many of the issues of interest has been possible. For example, the relationship can be shown between economic pressures, health status, health service utilization and the stability of seasonal

migration patterns (Chapters 4 and 5). It was found, for instance, that for respondents aged 65 or more, 78 percent worry about the costs of seeing a doctor in Florida and 54 percent say they feel more comfortable getting their health care in Canada; and it is also the case that those who express these sentiments are less likely to plan a return seasonal migration to Florida. However, it is comforting to the investigators, and increases our confidence in the interpretation of structured survey data, to see these relationships illustrated through the words of our respondents. One example makes this point rather well:

> "I'm writing for my wife, who completed the enclosed questionnaire. My wife is being treated by three doctors in Canada. She now has to take a series of medical tests and X-Rays every three months. She is taking medicine to try to keep the disease in remission....Since the tests have been stepped up to every three months, it means either having them done in Florida or returning to Canada. We inquired from several hospitals in Florida, as it is quite an inconvenience to have to return to Canada, but the costs were out of this world. She therefore had to return to (Canada) for five days. Air fare and accommodations were not cheap to return to Canada, but they were still considerably cheaper than the prices they were asking in Florida. Also, my wife felt more secure with her own doctors, who know her case. If something could be worked out for Canadians to be able to take tests such as this, which are an ongoing thing, it would certainly be more convenient than having to return to Canada.
>
> "Wishing you luck and godspeed in your survey, and trusting it will help to make medical care more readily available to Canadians in Florida" (R3287, paragraphing condensed).

It is also shown from the questionnaire that 8 percent of the respondents aged 65 or older have billed a Canadian governmental health plan for hospital services and that, despite worries about quality of care expressed by 11 percent, satisfaction is generally high. These isolated social facts are brought together in the letters through comments such as these from a woman who moved to Florida with her husband following his heart attack: "We have both been in _____ Hospital, received good care but find it hard to pay our bills as soon as we get out of the hospital while we wait to be reimbursed by OHIP (Ontario Health Insurance Plan) and Blue Cross" (R2519).

3. Provision of Cultural Data

Our questionnaire took the individual as the unit of analysis and focused on behavior. In letter, however, respondents frequently reported on the basis of what would legally be termed hearsay. Prominent in such accounts were references to "horror stories" about health care crises, such as in the remarks of the following individual:

> My wife has various health problems and it is a constant worry that she becomes ill here. So far we have been fortunate. But some of to wait for payment from health care insurance. If my wife did have unexpected illness I would prefer flying her home than seek medical aid here as we have had no problems in Canada (R2547).

Personal reports suggest that the image of U.S. health care is accurately portrayed in this hearsay account; however, in addition to the specific situation described, such accounts allow for inferences about shared beliefs in the community of seasonal migrants. Such beliefs have an impact on the emotional wellbeing of he respondents and may lead to actions such as the cessation of their migration pattern, regardless of extent to which they are factually grounded.

4. Provision of Unanticipated Historical Event Data and Historical Perspective

When any study is designed, the investigators may be ignorant about important social factors affecting the study population or which emerge between the design and implementation stages. An example of this ignorance was the impact of fluctuations in the exchange rate of the Canadian and American dollars over the course of the winter of our study. While this economic situation was known abstractly to the investigators, its importance to the seasonal migrants was unknown. For example, "We are troubled about the high rate of exchange on the Canadian dollar. Last winter we lost $2400 in exchange" (R4598). Another said, "...the exchange rate is going to be a deciding factor on whether we will be able to continue to winter here" (R2547).

The questionnaire, like most social surveys, ignored the historical context. Many respondents provided historical information in the context of life-history information, frequently referring to increased pollution and

crowding in Florida, and emphasizing the declining value of the Canadian dollar (e.g., R2911, R2961).

5. Provision of Unanticipated or Additional Information

The study focused on the winter visits to Florida of Canadians. It was mistakenly felt that respondents remained in stable housing situations in Canada while they assumed new residency in Florida over the winter months. However, it was learned only from our respondents' letters that a large minority of them migrated each year between a Florida home and a Canadian accommodation and secured a summer vacation home or cottage in Canada, assuming a pattern of "permanent migrants" between two leisure-oriented residences. This was a wholly unanticipated finding of the study. While the questionnaire did not allow for accurate estimates of the prevalence of this pattern, it is clear that it is important.

More broadly, the solicited letters simply provided additional information, as would any alternative source of data (Marshall, 1983). As one male respondent (R4094) said, "It is unfortunate that our initial required the male response, because the female would have given more data for your survey." He then went on to provide data on his wife's medical situation.

6. Research Assistance

By providing detailed information, several respondents in effect acted as volunteer research assistants. For example, one respondent (R2339) indicated that "The extra medical plans such as Blue Cross and Travelers Insurance only cover emergency or new medical conditions. Since I had Pigmentary Glaucoma with cataracts prior to taking out the plans my surgery is not covered by them." Another (R4963) pointed out that "Our main problem is that supplemental insurance companies, such as Blue Cross, Co-Op, Lloyds of London, etc., will not insure for more than 180 days." While such information required verification, these respondents are in effect providing a useful research assistance function for our project.

7. Suggestions for Further Research

Describing unanticipated findings, such as the dual retirement residence phenomenon, or calling attention to historical and cohort differ-

ences in migration patterns and Florida living conditions have the effect of implicitly suggesting new research area. The respondents also confirmed the researchers' commitment to the present investigation by thanking us for conducting the study. In addition, one respondent explicitly called for research in one areas. He or she pointed out that many Canadian friends have complained that they pay medical bills in the United States in U.S. funds but "are reimbursed in Canadian funds at a personal loss of anywhere from 29 to 35 percent because of the xchange rate. He or she added, "This could be incorporated in any future survey (as a question) you may consider making" (R1644).

8. Suggestions for Policy

The research is policy-oriented. The respondents recognized this and made several suggestions for policy. Most frequently they advocated rapid payment of medical bills, but they also dealt with exchange rate issues which were of particular concern during the study period. One respondent urged that "Our government should take into account, that living in this state, keeps us living longer and in much better health, with fewer medical costs that we would have if we were to stay in the cold of any Canadian province" (R5410). Another, having provided a scathing critique of the medical care system in Ontario, concluded, "Please feel free to pass on the information, including that concerning health care in Ontario. We have many more criticisms, if they want to hear them!" (R5511).

9. Enhanced Cooperation with the Research Process

Though not known with certainty, it is suspected that the request for additional correspondence served to increase the response rate. An invitation to engage in further dialogue must surely be considered a "personalization technique" no less powerful than providing individual signatures on mailed questionnaire request letters, using real rather than metered mail and using specific respondent names.

As noted earlier, some respondents used the letter to clarify their questionnaire responses or to convey information on issues not solicited through the questionnaire. It is likely that the ability to supplement the questionnaire in this way made respondents more likely to return it at all.

APPENDIX B

LIMITATIONS OF SOLICITED LETTERS

The value of soliciting letters should be considered in the context of their disadvantages. So long as the disadvantages of this data-gathering strategy are well recognized, it can be put to good use. Many disadvantages are the same as those which apply to non-solicited letters and similar documentary evidence and these have been recognized in the methodological literature.

1. Problems of Representativeness

The respondents who answered the request for additional information may differ in some respects from those who did not. It is known with certainty that they differ in one respect: they answered the request. It is likely that these 11 percent of the respondents are more intensely concerned with the issues addressed in the survey than the 89 percent who did not write us (Mann, 1968). These data can never, therefore, be used to assess the prevalence of particular events or attitudes, and they can be used only with great caution to gauge the seriousness or relative importance of issues.

2. Problems of Validity

Plummer's (1983), suggestion that the letters analyzed in the classic work of Thomas and Znaniecki might have been quite different if they had been written to the sociologists rather than collected by them later has been mentioned. The approach recommended of direct solicitation for research purposes, establishes the researchers as the audience for the letter writer and makes that particular issue of validity the same as in an interview or questionnaire situation. (For a discussion of "indirect observation" see Sjoberg and Nett, 1968).

Additional problems of validity, however, stem from the inclusion of material describing the experiences of people other than the respondent. In this case, allegedly factual material requires checking but, as indicated earlier, can be used to construct a characterization of respondent culture. For example, in this case the qualitative data from letters showed widespread anxiety over hospital costs but no substantial anxiety over quality of care. These data were consistent with the survey findings and provided some cross-validation of them.

Another problem which affects validity is described by Mann (1968): "...in writing of events the writer is certain to have to abbreviate any

descriptions very sharply. To give a full description of even a simple evening out at the theatre could cover numerous pages, and it is unlikely that the writer has the time or wish to do this. So letters condense events enormously, and they are also probably written from a particular angle with the recipient in view."

3. Problems of Extraneous Material

Plummer (1983) suggests that "Letters are not generally focused enough to be of analytic interest -- they contain far too much material that strays from the researcher's concern." This is a problem with participant observation and use of archival and historical data as well. In this study the problem was eliminated by asking a series of focus questions as part of the request for letters.

4. Problems of Legibility

One-third of the replies to the request for letters came typewritten. Some other replies were hand-printed in an obvious attempt by the writer to enhance legibility. Many writers wrote memos, in point form, rather than letters. Legibility could be a problem with such correspondence but it has not proven to be so in our particular study. The more rigorous handwriting standards of this cohort apparently more than compensates for age-related frailty. Letters solicited from members of younger cohorts might be more difficult to read. However, even in the older age group of the study, a few word-processed replies were received. Since this technology is more widespread among the young, legibility cannot be judged a serious problem with this data-gathering technique.

CONCLUSIONS

Solicitation of letters in not the ideal way to conduct research and could rarely stand on its own as a research strategy. However, research inevitably necessitates compromises and these are frequently related to budget restrictions. Solicitation of letters as an adjunct to mailed surveys for a variety of reasons has been advocated. The limitations of the approach are partly practical, such as concerns with legibility, and partly on methodological criteria of sample representativeness and validity. If the use of qualitative data gathered in this way is carefully framed within these limitations, the low costs of this technique recommend it.

APPENDIX B

The advantages of the approach, other than its cost-effectiveness, are most evident within a framework of research which attributes high value to the perspective of the respondent (Marshall, 1986) and to the ability of respondents to participate actively rather than as passive research "subjects" in the research process (Rowan, 1981). Requesting a letter is not as suitable a means to engage participants in the research process as true participative research, participant observation or personal interviews. Many research designs and research budget situations do not, however, allow the opportunity for such more participatory techniques. This approach cannot be used for causal analysis, because of representativeness and validity concerns. However, as an adjunct to the analysis of more systematically gathered data, it can contribute to the interpretive understanding of causal patterns.

In reviewing the use of all sorts of documents, of which the letter is only one, Mann (1968:81) has concluded: "Every document has its contribution to make, but like any other form of evidence it can be used for different purposes. If the sociologist is forewarned of the dangers of the `paper jungle' he will not be deterred from entering it, but he will be a far better hunter." The solicitation of letters as an adjunct to mailed surveys produces its own jungle of data, which must be explored carefully. This safari, we have suggested, is an extremely inexpensive one. While it does not lead to King Solomon's Mines, it does lead to the discovery of enough wealth to make the journey worthwhile.

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